Acknowledgment: Receipt of Request-For-Proposal Documents

Bid Number: RFP- CSUS-0315 Addendum #2
Title: Student Accident and Sickness Insurance Program

Please take a moment to acknowledge receipt of the attached bid documents. Your compliance with this request will help us to maintain proper bid follow-up procedures while ensuring that all vendors have the opportunity to bid.

Date amendment issued: December 27, 2007

Date amendment received? ____/____/____

Do you plan to submit a proposal? Yes_____ No_____

_____

Print or type the following information:

Company name: _____

Address: _____

City or Town: _____

Phone: _____

Fax: _____

Received by: _____

Note: Faxed acknowledgments are requested! FAX (860)493-0006
A cover sheet is NOT necessary.
IMPORTANT: DO NOT FAX BIDS.
BIDS MUST BE SUBMITTED IN SEALED PACKAGES!

RFP- CSUS-0315 Addendum #2
Title: Student Accident and Sickness Insurance Program

Please see the attached questions and answers in response to RFP-CSUS-0315. Please note that the answers are in bold and caps.

Any and all Addenda must be acknowledged and incorporated into your response to RFP-CSUS-0315.

1.) Provide detail for any large claimants over $10,000 for plan years 2003-04 and 2004-05 including date of initial claim, diagnosis, billed charges and paid amounts. **SEE EXHIBIT A**

2.) Provide claims detail reports for each campus separately for plan years 2003-04 and 2004-05, separating accident claims (identify each sports claim) from sickness claims, and breaking out claims paid in-network and out-of-network. Specify the dates paid through in the reports. The detail must include the following areas: ER, Intensive Care, Outpatient care, Rx, Accidental Dental, High Cost procedures. FT paid claims should be separated from part-time students. International claims should also be shown separately. The claims utilization detail should be by charge code, with the report showing number of visits, charged amount and paid amounts per benefit code (Benefit Code Analysis). **SEE EXHIBIT K**

3.) Provide the number of dependents (spouse, child/ren) covered under the plan in plan year 04-05. **SEE EXHIBIT J**

4.) Provide the top 12 providers for policy year 2004-05 (not including prescription drugs) **SEE EXHIBIT A**

5.) Please confirm if the policy's drug coverage uses a prescription benefit manager (drug card program) and whether or not mail order coverage is available. **YES ON CARD, NO ON MAIL ORDER**

6.) Please provide a list of the Top 20 most utilized medical providers (exclude pharmacies) for Plan Year 2006-07. **SEE EXHIBIT D**

7.) Please provide Prescription Drug utilization by drug type and Generic vs. Brand Formulary vs. Brand Non-formulary for Plan Years 2005-06. 2006-07 and 2007-08 (through November 2007). **SEE EXHIBIT E**

8.) Provide detail for any large claimants over $10,000 for plan years 2005-06, 2006-07, and 2007-08 (through November 2007) including date of initial claim, diagnosis, billed charges and paid amounts, and verification if the claimant(s) is still enrolled on the plan/matriculated. **SEE EXHIBIT F**

9.) Provide claims detail reports for each campus separately for plan years 2005-06, 2006-07, and 2007-08 (through November 2007) separating accident claims (identify each sports claim) from sickness claims, and breaking out claims paid in-network and out-of-network. Specify the dates paid through in the reports. The detail must include the following areas: ER, Intensive Care, Outpatient care, Rx, Accidental Dental, High Cost procedures. FT paid claims should be separated from part-time students. International claims should also be shown separately. The claims utilization detail should be by charge

code, with the report showing number of visits, charged amount and paid amounts per benefit code (Benefit Code Analysis). **SEE EXHIBIT H AND EXHIBIT I**

10.) Provide the number of dependents (spouse, child/ren) covered under the plan in plan years 2005-06, 2006-07, and 2007-08 (through November 2007), and the associated annual premium. **SEE EXHIBIT B**

11.) Provide claim details on dependents for plan years 2005-06, 2006-07, and 2007-08 (through November 2007) **SEE EXHIBIT G**

12.) Provide demographic information on the covered lives, by age grouping and sex for plan years 2005-06, 2006-07, and 2007-08 (through November 2007) **SEE EXHIBIT C**

13.) Please provide the rates for the policy years of 2004, 2005, 2006, 2007 & 2008 for accident, sickness and sports premium, excluding administration fees. Please distinguish pricing for each student category. **SEE EXHIBIT ATTACHED**

14.) Please confirm if the student health services files claims to the insurance company. **NO** Please confirm if the health services dispenses prescriptions. **CHARGES ARE INCURRED FOR SOME IN-OFFICE TESTING (RAPID STREP TESTING, PREGNANCY TESTING, CHLAMYDIA/GONORRHEA TESTING), VACCINATIONS, AND FOR PRESCRIPTION MEDICATION DISPENSED FROM THE HEALTH SERVICE. PRESCRIPTION MEDICATION CHARGES ARE MINIMAL, AND RANGE FROM $2 TO ABOUT $15.**

15.) Please confirm if there is a student health insurance fee incorporated into the rates or is it billed to the students' account separately? **NOT SURE WHAT THIS QUESTION MEANS. FOR FULL TIME STUDENTS, THE FEE FOR ACCIDENT INSURANCE IS INCLUDED WITHIN THE UNIVERSITY GENERAL FEE. THE FEE FOR SICKNESS INSURANCE IS BROKEN OUT SEPARATELY.**

16.) Please confirm any plan changes for the policy years 2005, 2006, 2007 & 2008. **THE BROCHURES CONTAIN EACH YEAR'S COVERAGE – PLEASE COMPARE TO DETERMINE PLAN CHANGES.**

17.) Please describe the student health services offering for each campus (sick visits, diagnostics, lab, x-ray, infirmary, counseling, etc.). **CCSU: WE OFFER SICK VISITS, IMMUNIZATIONS, SPORTS CLEARANCES FOR DIVISION 1 ATHLETES, LATENT TUBERCULOSIS INFECTION CLINIC EVERY MONTH, STI EVALUATIONS, GYN EXAMS TO INCLUDE PREGNANCY EVALUATION, EMERGENCY CONTRACEPTION, BIRTH CONTROL PILL EVALUATION, TRAVEL CONSULTATIONS (WITH APPROPRIATE VACCINATIONS) FOR FACULTY AND STUDENTS, IN-HOUSE CLIA WAIVED LABORATORY TESTS. ECSU: STUDENT VISITORS TO THE HEALTH SERVICE ARE SEEN BY APPOINTMENT, USUALLY THE SAME DAY IF NEEDED. WE MAKE EVERY ATTEMPT TO ACCOMMODATE URGENT CARE VISITS AND TO DISCOURAGE INAPPROPRIATE EMERGENCY DEPARTMENT VISITS. EASTERN DOES NOT HAVE AN INFIRMARY. WE HAVE A SMALL ROOM FOR OBSERVATION THAT IS TYPICALLY USED FOR ONLY A FEW HOURS. WE ARE NOT OPEN ON THE WEEKENDS, AND THE CLINIC IS CLOSED AFTER 5:00PM. VISITS CAN BE FOR ILLNESS, SCREENING, CONTRACEPTION, PHYSICAL EVALUATIONS SUCH AS**

ANNUAL GYNECOLOGIC EXAMS, ANTICIPATORY GUIDANCE, INFORMATION, INJECTION (VACCINES, ALLERGENS), REFERRALS, OR ANY OTHER REASON. IN-OFFICE DIAGNOSTICS INCLUDE: RAPID STREP TESTING, PREGNANCY TESTING, PPD SKIN TESTING, ROUTINE URINALYSIS, BLOOD GLUCOSE AND HEMOGLOBIN MEASUREMENT, AND MICROSCOPY (URINE, VAGINAL, AND SKIN PREPARATIONS). IN-OFFICE TREATMENTS INCLUDE CRYOTHERAPY FOR SKIN LESIONS, NEBULIZER TREATMENTS FOR ASTHMA EXACERBATIONS, REPAIR OF LACERATION, MINOR SKIN SURGERY. REQUESTS FOR SCREENING FOR SEXUALLY TRANSMITTED INFECTIONS (STI) ARE A COMMON REASON FOR VISITS TO THE HEALTH SERVICE. FREE HIV SCREENING IS AVAILABLE TO STUDENTS THROUGH A LOCAL AGENCY. ROUTINE ASYMPTOMATIC SCREENING SPECIMENS FOR CHLAMYDIA AND GONORRHEA ARE SENT TO THE STATE OF CONNECTICUT LABORATORY; STUDENTS PAY OUT OF POCKET FOR THIS EXPENSE. STI TESTING THAT OCCURS IN THE COURSE OF EVALUATING ILL STUDENTS IS REFERRED TO INSURANCE. LABORATORY SPECIMENS ARE EVALUATED AT WINDHAM HOSPITAL, AND ARE PICKED UP DAILY BY COURIER. WINDHAM ROUTINELY FORWARDS SOME SPECIMENS TO A REFERENCE LAB, USUALLY QUEST. PHLEBOTOMY FOR MOST STUDENTS IS DONE AT THE HEALTH SERVICE AND IS NOT CHARGED TO INSURANCE. NO IMAGING IS AVAILABLE AT THE HEALTH SERVICE. X-RAY AND OTHER DIAGNOSTIC IMAGING IS DONE AT WINDHAM HOSPITAL; RADIOLOGIC AND OTHER INTERPRETATION IS PROVIDED BY JEFFERSON RADIOLOGY. EASTERN'S HEALTH SERVICE AND COUNSELING AND PSYCHOLOGICAL SERVICES (CAPS) ARE SEPARATE ENTITIES, AND ONLY RARELY COLLABORATE. OFFICES AND RECORD KEEPING ARE SEPARATE. CAPS INCLUDES FOUR FULL TIME PROVIDERS: TWO PSYCHOLOGISTS, A CLINICAL SOCIAL WORKER, AND A COUNSELING THERAPIST, PLUS SEVERAL GRADUATE STUDENT INTERNS. A CONSULTING PSYCHIATRIST WORKS WITH CAPS FOR STUDENTS REQUIRING MEDICATION EVALUATIONS. SERVICES OFFERED BY SCSU AND WCSU ARE SIMILAR.

18.) Please provide a copy of the plan brochure for the policy year 2004, 2005, 2006, 2007 & 2008, including definitions, limitations, and exclusions. **SEE BROCHURES ATTACHED**

19.) Please confirm the enrollment method for the sickness plan. If there is an insurance requirement, is the waiver process administered on line? **ALL FULL TIME STUDENTS ARE CONSIDERED ENROLLED IN THE SICKNESS PLAN UNLESS THEY WAIVE OUT. THE WAIVER PROCESS IS GENERALLY ADMINISTERED ON LINE; HOWEVER, SOME UNIVERSITIES STILL PERMIT PAPER WAIVER FORMS TO BE SUBMITTED.**

20.) Please confirm any special relationships for local physician practices, clinics, or hospitals for any of the campuses. **SOME ARE ROUTINELY USED DUE TO LOCATION. FOR EXAMPLE, AT CCSU THEY REFER TO MANY LOCAL SPECIALISTS, USE 2 HOSPITALS ROUTINELY (HOSPITAL OF CENTRAL CONNECTICUT AND UCONN), HAVE A LAB AGREEMENT WITH HOSPITAL OF CENTRAL CONNECTICUT, BUT ALSO USE QUEST AND THE STATE OF CONNECTICUT LAB, REFER TO 2 LOCAL WALK-IN CENTERS AND ROUTINELY USE HCC FOR X-RAYS, SCANS AND ULTRASOUNDS. AT ECSU, BECAUSE WILLIMANTIC IS A SMALL COMMUNITY, MANY OF THEIR REFERRING RELATIONSHIPS OCCUR BY DEFAULT. WINDHAM COMMUNITY MEMORIAL HOSPITAL IS LOCATED A FEW BLOCKS FROM THE HEALTH SERVICE AND FROM**

EASTERN'S CAMPUS. A NUMBER OF MEDICAL PROVIDERS HAVE OFFICES IN THE DIRECT VICINITY OF THE HOSPITAL. WHILE WE DO NOT HAVE DEFINED RELATIONSHIPS WITH THESE PROVIDERS, MANY ARE VERY RESPONSIVE TO OUR REFERRALS AND SEE MANY OF EASTERN'S STUDENTS. SOME OF THESE PROVIDERS INCLUDE:

- **A. WINDHAM MEDICAL GROUP (INTERNAL MEDICINE; DRS. LEACH, KILGANNON)**
- **B. WINDHAM CARDIOLOGY (DRS. FISHERKELLER AND ALKEYLONI)**
- **C. EASTERN CONNECTICUT ENT GROUP (DRS. ROUSE, GREEN, CULVINER, AND ALLEN)**
- **D. WINDHAM ORTHOPEDICS AND SPORTS MEDICINE (DR. COLLINS, ET AL)**
- **E. CONNECTICUT ORTHOPEDICS AND SPORTS CENTER (DR. SCARANGELLA ET AL)**
- **F. MANSFIELD OB-GYN GROUP (DRS. LAHRMAN, WATSON, GUMBS & HELGANS)**
- **G. WILLIMANTIC PLANNED PARENTHOOD ASSOCIATINO**
- **H. WINDHAM PULMONOLOGY (DRS. BUNDY & MORCOS)**
- **I. WINDHAM UROLOGY (DRS. WHITEMORE & GRAHAM)**
- **J. WINDHAM EYE GROUP (DRS. REARDON, WOODS, AND CRANMER)**
- **K. WINDHAM SURGICAL GROUP (DRS. RIDYARD, KLOSS, KOLODZIEJCZAK)**
- **L. PODIATRY: DR. SCANLON OR DR. KLEINKOPH**

SOME OTHER SPECIALISTS ARE NOT LOCATED IN WILLIMANTIC:

- **M. NEUROLOGY: DR. BELT, IN VERNON, CT**
- **N. NEUROLOGY: DR. ALESSI IN NORWICH**
- **O. DERMATOLOGY: DRS. BAIN AND GREENBERG IN VERNON, CT**
- **P. GASTROENTEROLOGY: DR. STEIN IN MANSFIELD CENTER**
- **Q. ORTHOPEDICS: DR. JOYCE IN GLASTONBURY, CT**
- **R. ALLERGY: DR. ESLICK, IN NORWICH**

FOR AFTER-HOURS AND WEEKEND CARE, STUDENTS ARE ENCOURAGED TO USE THE MED-EAST WALK IN CENTER, A SATELLITE CLINIC OF WINDHAM HOSPITAL. IT IS OPEN UNTIL 7PM DURING THE WEEK AND FROM 10-3 ON THE WEEKENDS. THIS CLINIC IS LOCATED ABOUT A MILE FROM CAMPUS. NATCHAUG PSYCHIATRIC HOSPITAL IS LOCATED A FEW MILES AWAY IN MANSFIELD, CT

21.) Please confirm if the $20 co-payment for Emergency Room care is waived if the student is admitted. **NO**

22.) Please confirm if there is an out of pocket maximum for non-network provider claims. **NO**

23.) Please provide total Annual Premium & Enrollment for 2007-08 plan year. **SEE EXHIBIT B**

24.) Are medical evacuation and repatriation covered benefits under the Accident Policy? **THESE BENEFITS ARE CURRENTLY PROVIDED THROUGH A SEPARATE PROGRAM PROVIDED BY OUR CURRENT VENDOR, AND NOT WITHIN THE ACCIDENT POLICY ITSELF. HOWEVER, THE COVERAGE IS INCLUDED AS PART OF THE ACCIDENT PROGRAM; THAT IS, THE FEE FOR THE MEDICAL EVAC AND REPAT PROGRAM ARE CHARGED THE SAME WAY THAT ACCIDENT PREMIUM IS CHARGED (AS PART OF THE UNIVERSITY GENERAL FEE), AND THE FEE FOR THIS PROGRAM IS INCLUDED WITHIN THE ACCIDENT PREMIUM SHOWN ON THE RATE SCHEDULE PROVIDED TO YOU.**

25.) The enrollment information provided on Schedule C covers Fall 2007, Fall 2006, and Fall 2005. Can you provide Information for 2004 also for both domestic and non-resident alien students? **SEE EXHIBIT ATTACHED**

26.) Can you confirm if international student participation is mandatory or on a waivered basis? Schedule B, page 26 of the RFP does not clearly delineate this. **INTERNATIONAL (J-1 VISA) STUDENT PARTICIPATION IS MANDATORY UNLESS THEY CAN SHOW THAT THEY HAVE COMPARABLE COVERAGE FROM ANOTHER SOURCE. THE ALTERNATE COVERAGE MUST MEET FEDERAL REQUIREMENTS.**

27.) You note on page 4 of the RFP that "brochures must include Waiver Cards for the use of full time students...." However, you are also requesting an electronic capability for handling waivers. These two areas appear to be at odds with one another. Can you please explain? **WHILE MOST STUDENTS WAIVE ELECTRONICALLY, AND THIS IS ENCOURAGED, SOME OF OUR UNIVERSITIES ALSO PERMIT WAIVERS TO BE DONE MANUALLY USING WAIVER CARDS. THIS IS THE CHOICE OF THE UNIVERSITY.**

28.) Will any addendums to the RFP be mailed out to possible bidders, or will they be posted solely on your website? **THEY WILL BE POSTED ON OUR CSUS PURCHASING WEBSITE AND ALSO ON THE STATE OF CONNECTICUT DEPARTMENT OF ADMINISTRATIVE SERVICES (DAS) PURCHASING PORTAL.**

29.) If you award the bid around February when will the brochures need to be approved and delivered to the school? **MARCH 15, 2008, AS PER THE RFP.**

30.) Please provide the following data:

a. Copy of renewal letters from 2007; 2006 **NA**

41. Please confirm if you want a quote for the Existing Plan ? **NO.**

42. Please confirm the following benefits are all of the required changes you are looking to make to your program:

a. $50,000 Maximum (was $25,000)- ENHANCEMENT **CORRECT**
b. $5,000 Surgical Benefits (was $3,000)- ENHANCEMENT **CORRECT**
c. Non Preferred Level of 80% (was 90%) **CORRECT**
d. Emergency Room Copay of $20 (was $10) **CORRECT**
e. Prescription Copay of $5 Generic /$10 Brand. **CORRECT**

43. Room and Board benefit enhancement "Option"- Are you looking for us to price a $100 Deductible per Condition or Per Policy Year ? **PER CONDITION**

44. Please clarify the requested travel coverage on page 2, number 8. **TRAVEL BY TEAM MEMBERS TO AND FROM ATHLETIC EVENTS OVER AND ABOVE STUDENT ACCIDENT COVERAGE.**

45. Sports Gap Policy- Can you clarify and provide a copy of the current carriers Gap Policy as well as the 3 year loss history ? **CURRENT POLICY NOT YET AVAILABLE. ONLY 2 UNIVERSITIES HAD**

LOSSES DURING THE THREE-YEAR PERIOD (04-05, 05-06, & 06-07 policy years). LOSS RUNS ARE ATTACHED.

Is the coverage currently 100% for Sports Injuries that fall between $26,000 and the NCAA $75,000 Deductible for Domestic students ? **FOR INTERCOLLEGIATE ATHLETES, THE GAP PROGRAM WILL REIMBURSE FOR COVERED EXPENSES INCURRED WITHIN TWO YEARS OF THE DATE OF AN ACCIDENT WHICH EXCEED ANY APPLICABLE DEDUCTIBLE OR THE TOTAL OF BENEFITS RECEIVED FROM ANY OTHER INSURANCE (WHICH MEANS ANY COVERED EXPENSES OVER $25,000, SINCE OUR ACCIDENT INSURANCE MAXIMUM IS $25,000), UP TO A MAXIMUM OF $75,000. THE DENTAL EXPENSE SUBLIMIT IS $25,000 AND ACCIDENTAL DEATH AND DISMEMBERMENT OF $10,000 IS ALSO INCLUDED. FOR PARTICIPANTS IN CLUB SPORTS AND INTRAMURAL SPORTS THE COVERAGE IS THE SAME, EXCEPT THAT THE MAXIMUM IS $25,000 RATHER THAN $75,000. THE DENTAL EXPENSE LIMIT AND AD&D COVERAGE IS THE SAME. EXCEPT FOR THE LIMIT ON THE INTERCOLLEGIATE GAP POLICY, WHICH HAS EXPANDED AS THE NCAA DEDUCTIBLE HAS INCREASED, THERE HAVE BEEN NO CHANGES TO THE BENEFIT STRUCTURES.**

46. III. C. & E. Data Collection & Service Standards

a. What are the current average days until payment is made on all claims? **89% OF CLEAN CLAIMS PROCESSED WITHIN 14 CALENDAR DAYS; 96% OF TOTAL CLAIMS PROCESSED WITHIN 30 CALENDAR DAYS.**

b. Have there been any "unnecessary delayed" claims by the current carrier for the time period they insured CSUS? **NO.**

47. VII. 20 e. Conditions

Is it mandatory to set aside a portion of the contract in order to be awarded the contract? **NO.**

48. For the 2008-09 school year, will benefits continue to be paid for 104 weeks after the date of accident for mandatory accident coverage and 52 weeks for the hard waiver sickness? **NO – COVERAGE WILL BE PER POLICY YEAR**

49. Will the 90 day extension of benefits provisions when hospital confined at termination of the policy remain in place for 2008-09? **YES**

50. Can you provide the number of claims, and dollar amount total, declined when service was performed at the emergency room, but determined not to be an emergency? **NONE – THE POLICY DOES NOT HAVE A RESTRICTION ON ER CLAIMS THAT ARE NOT DEEMED AN "EMERGENCY"**

51. What is the reason for the insurance enrollment decline in 2005-06? **UNKNOWN – WE DO NOT COLLECT THIS INFORMATION.**

52. Is there a current policy for travel to University sponsored athletic events? **NO**

If so, please provide premium rates and paid premium and paid claims for the years: 2004/2005, 2005/2006 and 2006/2007.

CSUS-0315
Addendum #2
December 27, 2007

Exhibit A
Providers List

Total Paid	Diagnosis
$20,741.65	Knee Injury - ACL
$19,862.96	Pulmonary Embolism
$19,498.64	Pneumonia
$17,995.11	Obsessive Compulsive Disorder
$17,468.58	Apendicitis
$12,109.92	Apendicitis
$12,059.28	Finger Cellulitis
$11,938.28	Cardiac Dysrythmia
$11,485.29	Broken Leg
$10,936.28	Knee Sprain

PROVIDER NAME	TOTAL PAID
EXPRESS SCRIPTS INC	$835,145.99
CONSOLIDATED HEALTH PLANS INC	$281,830.21
THE HOSPITAL OF CENTRAL CT	$218,418.09
QUEST DIAGNOSTICS INC	$184,934.88
DANBURY HOSPITAL	$175,706.63
YALE-NEW HAVEN HOSPITAL	$128,516.42
WINDHAM COMMUNITY HOSPITAL	$72,256.24
HARTFORD HOSPITAL	$55,806.93
STATE OF CONNECTICUT	$54,643.27
WATERBURY HOSPITAL	$52,729.48
MIDDLESEX MEDICAL CENTER	$51,342.41
MID STATE MEDICAL CENTER	$50,196.37
ST RAPHAELS PATIENT ACCTS	$41,435.28
ST RAPHAELS HEALTHCARE SYSTEM	$40,216.70
ST FRANCIS HOSPITAL	$37,128.45
NEW MILFORD HOSPITAL	$28,869.37
MANCHESTER MEMORIAL HOSPITAL	$27,065.97
DAVID B COHEN MD	$24,594.64
SAINT MARY'S HOSPITAL	$23,758.61
BRIDGEPORT HOSPITAL	$22,640.20
ORTHOPEDIC ASSOCIATES SURGERY	$22,272.96
LAWRENCE & MEMORIAL HOSPITAL	$21,521.68
NATCHAUG HOSPITAL	$19,495.11
ST VINCENTS MEDICAL CENTER	$19,415.30
MILFORD HOSPITAL	$18,900.77
GRIFFIN HOSPITAL	$18,255.29
ROBERT S WASKOWITZ MD	$17,209.26
YNHASC TEMPLE SURGICAL CENTER	$14,717.68
DAY KIMBAL HOSPITAL	$14,124.82
NORWALK HOSPITAL	$13,728.80
WILLIAM W BACKUS HOSPITAL	$13,247.24
AMERICAN MEDICAL RESPONSE CT	$13,062.35
HEALTHSOUTH SURG CTR OF DANBUR	$13,016.97
BRISTOL HOSPITAL INC	$12,425.97
MICHAEL BRAND MD	$12,333.43
BRADLEY MEMORIAL HOSPITAL	$12,126.49
ROCKVILLE GEN HOSPITAL	$10,583.12
JOHN D KELLEY MD	$10,281.35
CONN ORTHOPAEDIC SPECIALISTS	$10,161.30
PATRICK A RUWE MD	$10,116.20
YALE SCHOOL OF MEDICINE LAB	$9,801.46
DAVID I ASTRACHAN MD	$8,936.14
RENFREW CTR OF CONNECTICUT	$8,829.00
THE WESTERLY HOSPITAL	$8,808.02
SILVER HILL HOSPITAL	$8,785.75
THE CHARLOTTE HUNGERFORD HOSP	$7,967.96

GREENWICH HOSPITAL	$7,625.17
SURGI-CARE INC	$7,455.02
OMAR HASAN MD	$6,766.05
CLINICAL LAB PARTNERS	$6,600.80
RONALD R MONTANO DDS	$6,416.88
THOMAS W DUGDALE MD	$6,048.48
CONNECTICUT CHILDRENS	$5,655.87
RONAL OGRODOWICZ PT	$5,547.00
ROBERT R SORRENTINO DS	$5,523.75
DR RICHARD BEVILACQUA	$5,279.03
MAHALINGAM SATCHI MD	$5,188.20
THOMAS MCCAULEY MD	$5,124.87
QUEST DIAGNOSTICS	$4,956.36
JOSEPH C WU MD	$4,954.79
FREDRIC R GOOGEL DMD	$4,893.75
STAMFORD HOSPITAL	$4,893.53
EASTERN CT ENDOSCOPY CENTER	$4,889.34
CHARLES B LAMONICA MD	$4,799.49
NEW BRITAIN EMERGENCY MEDICAL	$4,537.96
ALFRED GLADSTONE MD	$4,513.01
RONALD C SAVIN MD	$4,397.04
RICHARD DIANA MD	$4,281.77
KEITH E PENNEY	$4,226.45
PAUL A BOCCIARELLI DMD	$4,167.30
SUPERIOR MEDICAL EQUIPMENT	$4,127.37
FLETCHER ALLEN HEALTH CARE	$3,904.40
ERIN K PICKETT MD	$3,881.38
DENISE TONZOLA MD	$3,870.74
BON SECOURS COMMUNITY HO	$3,823.95
JOEL GELBER MD	$3,721.14
PAUL L FORTGANG MD	$3,712.63
CONNIE B GRANT-SCOTT LMFT	$3,671.00
GAYLE B HARRIS MD	$3,667.67
JEFFREY S BERKLEY DDS	$3,660.00
HALLBROOKE BEHAVIORAL HLTH	$3,593.37
GARY S NOVICK MD	$3,549.40
CYNTHIA DARE APRN	$3,440.00
YALE MEDICAL GROUP	$3,431.05
THOMAS C MCKEON DMD	$3,430.00
HERBERT I SUESSERMAN MD	$3,396.02
RICHARD MOSCARELLI	$3,365.94
MICHAEL ROSS PT	$3,340.00
RICHARD KNOBELMAN	$3,332.63
MIMI MAH MD	$3,295.54
PHILIP H LAHRMANN MD	$3,270.05
NANCY L RACCONE	$3,253.50
MICHAEL VOLLMAR MD	$3,220.00

NAUGATUCK VALLEY SURGICAL	$3,216.32
DAVID HIGGINS MD	$3,182.60
ABRAHAM LICHTMACHER	$3,160.00
WILLIAM ALLEN MD	$3,143.44
DAVID E PRINDIVILLE	$3,140.00
JOSEPH DIGIOVANNI MD	$3,098.52
CRAIG S HECHT MD	$3,059.75
ANN M STRONG	$3,000.00
NORTH SHORE UNIVERSITY HOSP	$3,000.00
ORLANDO DELUCIA MD	$3,000.00
RICHARD KILLEEN PT	$2,970.00
DAVID M SHEINTOP DMD	$2,945.00
PAUL F DOBIES DPM	$2,943.06
COLLABORATIVE LAB SERV	$2,918.48
ANTHONY A LUCIANO MD	$2,911.35
GAYLORD HOSPITAL	$2,901.20
ELLEN J ROBINSON MD	$2,846.82
PATRICK KWOK MD	$2,842.90
RICHARD GLISSON MD	$2,832.13
CYNTHIA L WILLIAMS LMFT	$2,825.00
PATRICIA WHITCOMBE MD	$2,821.01
MICHELE GARGAN PSYD	$2,800.00
ROGER A LOWLICHT MS DDS	$2,796.50
EMILY FINE MD	$2,793.94
JEFFREY KAHN DPM	$2,781.44
CHARLES F GUELAKIS DDS	$2,780.00
ROBERT A HORWITZ PHD	$2,768.53
DEBORAH GARDINER PT	$2,764.60
JOHN SATTERFIELD MD	$2,707.88
WILLIAM MORGAN MD	$2,702.26
CLINICAL LABORATORY PARTNERS	$2,668.66
DR ANDREW NEUHAUSER MD	$2,607.50
MICHAEL A SHTERNFELD	$2,595.07
MMC UROLOGY	$2,589.94
MARION S GRABOWY MD	$2,587.40
NEAL BARKOFF MD	$2,563.31
PETER R BARNETT MD	$2,561.41
THOMAS M SWEENEY PT	$2,560.62
DORRANCE T KELLY DDS ORAL SURG	$2,550.00
JOHN M BEINER MD	$2,549.55
JIM FITZPATRICK	$2,536.60
TURGUT BERKMEN MD	$2,514.91
EDWARD S GORACY DDS	$2,513.85
FLORIDA HOSPITAL MEDICAL CTR	$2,500.00
DRS KARL AND GELB DDS PC	$2,500.00
KENNETH BLAU MD	$2,469.70
DANBURY EMERGENCY MEDICAL SERV	$2,439.49

DANIEL R SAUNDERS MD	$2,430.00
JEFFREY D KNISPEL MD	$2,421.42
KEN YANAGISAWA MD	$2,414.53
RON FARNSWORTH MD	$2,413.83
JENNIFER PALMER RPT	$2,407.00
KAREN KOVACS MD	$2,402.44
LOUIS SCLAFANI DC	$2,391.00
ROSLYN CHOSAK MD	$2,389.95
PETER A BLUME DPM	$2,310.11
WILLIAM A NOTARO MD	$2,304.69
STEVEN M KATZ MD	$2,293.62
STEPHEN J BOSCO DMD	$2,292.92
MICHAEL CRAIG MD	$2,292.77
JOSEPH WEISS MD	$2,272.80
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CAMPION AMBULANCE SERVICE INC	$804.65
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JOHN F SETARO MD	$798.03
JEANNETTE CHINCHILLA MD	$798.00
JOHNSON HEALTH CARE	$796.94
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ROBERT MASTRIANNI	$793.00
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EUGENIO SURAN MD	$792.00

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DAVID A BEGELMAN PHD	$790.00
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LEWIS LEVIN MD	$785.81
MARC LEDERMAN DPM	$785.46
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GEORGE R HERR MD	$780.00
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AJAY SUFI MD	$765.00
SIDNEY HOROWITZ PHD	$765.00
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MALCOLM GOURLIE MD	$585.28
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SHARON G PALEY PHD	$575.00
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MATTHEW FARRELL MD	$570.57
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JEFFREY M KAGAN MD	$569.00
JEFFREY KLUGMAN MD	$568.42
LAURIE BRIDGER MD	$567.84
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PETER R ROGOL MD	$567.34
JEFFREY MARTONE DPM	$565.33
LAZARO POMERANIEC MD	$565.00
BRADFORD BOTTGER MD	$564.88
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MAMAKATING FIRST AID SQUAD	$544.42
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RICHARD J LEE MD	$540.00
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AGNES CZIBULKA MD	$539.94
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IHOR PONOMARENK MD	$538.58
ROBERT WENICK MD	$538.17
ANTHONY DSOUZA MD	$537.30
MITCHELL H DRIESMAN MD	$537.30
ROBERT J ARDESIA MD	$537.30
STEPHEN D ROSSNER MD	$537.30
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DENNIS G O'NEILL MD	$536.80
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KENNETH DARDICK MD	$527.57
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JERZY JEDRYCHOWSKI MD	$524.00
GLENN GART MD	$523.00
HELEN F TRYMBULAK MD	$521.04

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DAVID M VANESS MD	$520.00
ROBERT CAMPAGNONE MD	$520.00
JEFFREY M BEQLEITER MD	$520.00
MOHAMMED RADMARD MD	$520.00
ROGER MARCON MD	$520.00
JUDITH L SILVERSTEIN MD	$520.00
JEFFREY KOPP MD	$517.70
AHS HOSP CORP MMH	$515.30
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JOANN HONG-CURTIS MD	$509.24
JOSEPH DELUCA MD	$507.66
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MARTIN G HOFFMAN DO	$504.87
MARANDO ROCCO MD	$504.00
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STEPHEN F SCARANGELLA MD	$503.78
INSU KONG MD	$503.54
PETER J JACOBY MD	$503.00
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CYNTHIA HALL-MCCRAVEN MD	$502.00
VAUGHN M DUNN MD	$501.78
BABU KUMAR MD	$501.53
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DAVID PAZER MD	$473.00
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JEFFREY DREZNICK MD	$462.50
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RONALD FALIT MD	$453.83
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RUBEN ROCK MD	$437.60
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DAVID CHUNG MD	$431.68
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HAMPTON/CHAPLIN AMB CORPS	$416.42
CARLOS VALENTIN MD	$416.40
MIHAELA COSTIN MD	$416.30
BARR FORMAN MD	$416.07
ANSONIA RESCUE MEDICAL SERV	$415.60
LAURENCE LEDERMAN MD	$415.00
MIDDLEBURY FIRE DEPT AMBULANCE	$414.70
MITCHEL CHERE MD	$413.92
BROOK SEELEY MD	$413.08
EDWARD M LANE MD PC	$412.74
MICHAEL S HONOR MD	$412.14
ANDREW P METZGER MD	$411.81
CHRISTOPHER SNYDER MD	$411.25
MARIE R MAMMONE	$410.00
D MATTHEW EVANS PHD	$410.00
VETERANS MEMORIAL MEDICAL CTR	$409.74
RICHARD A BERNSTEIN MD	$408.66
RICHARD FROEB	$408.64
LAWRENCE ROSS PT	$408.50
ANDREW J PACKER MD	$408.22
DAVID STAIR MD	$408.21
THOMAS J MCNAMEE MD	$408.11
CHERIAN OOMMEN MD	$408.00
MICHAEL J BRENNAN MD LLC	$407.52
NEW FAIRFIELD PM&R	$407.25
ANNA FREITAG MD LLC	$406.70
KENNETH GREENBERG MD	$406.10
SERAFIMA M GLOUZGA	$406.00
JEFFREY S METZGER MD	$405.84
JEAN M WEIGERT MD	$405.58
SULTAN A QURAISHI MD	$405.45
JILL CASSELLS	$405.39
KENNETH NEIBEL MD	$405.00
KEITH A WILBERT PT	$405.00
NATURAL HEALTH ASSOCIATES PC	$405.00
VIDURI PAREKH MD	$404.65
JERROLD C LEHRMAN MD	$404.62
POORNIMA HEGDE MD	$403.42

BERNARD D RAXLEN MD PC	$402.76
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NOEL VELASCO MD	$401.42
TATIANA FELD MD	$400.40
ANN R SKOPEK MD PC	$400.26
EDWARD KAUFMAN	$400.00
JON GAUDIO MD	$400.00
PHILIP E KERR MD	$399.98
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CLAUDETTE BARIL CNM	$397.60
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MARYANNE ROEGIERS MD	$395.92
RICHARD J KATES MD	$395.25
SANDRA S LEE MD	$395.00
THOMAS B BINDER	$395.00
JOSEPH TORTORELLO MD	$394.74
MICHAEL ARONOW MD	$394.73
BARBARA W HEAFY PT	$394.00
CHRISTOPHER CURDO	$393.44
EWA M JACUNSKI MD	$392.64
FRANCIS J MAYEDA MD	$392.52
CORINNA REPETTO MD	$392.35
JOHN SIGNORIELLO MD	$392.17
RONALD L BUCKMAN	$392.12
KAREN P HAVERLY MD	$392.00
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JAMES WICKWIRE MD	$390.00
ROBERT J ROBINSON PHD	$390.00
MICHAEL P BERNSTEIN, MD	$390.00
WILLIAM BATTEMA MD	$390.00
STEPHEN D BREDA MD	$389.00
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CHARLES RAY JONES MD	$384.95
JENNIFER H GRANT MD	$384.00

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BALAZS B SOMOGYI MD	$383.46
JAMES HASWELL MD	$383.18
THOMAS RUTHERFORD MD	$381.55
ARNOLD J ROSSI MD	$381.43
ANDREW KELLER MD	$381.21
MARTIN MALONEY DO	$380.00
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MOHAMMAD MEMON	$379.84
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AMANDA COLLINSBAINE MD	$379.00
DANA R BUCHANANN MD	$379.00
MICHAEL L REED MD	$378.23
LEENA SHAH MD	$378.11
FELIX ALMENTORO MD	$377.75
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JENNIFER BARSTROM PT	$370.00
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CHRISTOPHER OCONNOR	$368.97
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RICHARD ZUWALLACK MD	$367.00
ROBERT BECKER PT	$367.00
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STEWART BOBER MD	$366.95
DOUGLAS J MOOTE MD	$366.60

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DANUTA JAWORSKA MD	$360.23
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DARRYL JONES MD	$356.64
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JEFFREY BEDSON RPT	$355.00
PAUL FOX MD	$355.00
JEFFREY ETTINGER MD	$355.00
HUGH S VINE MD	$354.37
MICHELLE BLOUNT RPT	$354.03
MARLENE L WARADZIN	$354.00
ALYSSA FRENCH MD	$352.86
JOHN CAREY MD	$352.19
DOUGLAS GREEN MD	$352.00
CARYN M NESBITT MD	$352.00
ADAM MEDNICK MD	$351.46
ROBERT GOLENBOCK MD	$351.14
LEE S KAPLAN	$351.00
SUSANN GUARNIERE PT	$351.00
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BRAD MORTON MD	$350.00
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FAYE JONES HEISLER MD	$350.00
JENNIFER NAPOLEONE APRN	$350.00
JOEL ALLEN MD	$349.63
ARTHUR OSTROWITZ MD	$349.61
MARC B DAVIGNON MD	$348.86
RICHARD J DEAN MD	$348.32
NEIL J GREY MD	$347.60
PHOEBE LEITH MD	$347.41
KATHLEEN H SCARBROUGH MD	$347.00
STEVEN ANGUS MD	$347.00
KATHLEEN MORGAN APRN	$345.00
WILLIAM HERNANDEZ MD	$345.00
BESSIE MONTESANO MD	$344.74
MAMATA J BHARUCHA MD	$344.25
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RICHARD D FISCHER MD	$344.03
BRUCE A LEVI PHD	$343.18
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GEORGE VANDERAUE MD	$342.00
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MICHAEL LIFTMAN MD	$323.70
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RICHARD RABLEN PHD	$320.00
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KAREN A SANTUCCI MD	$317.89
ANURUDDHA WALALIYADDA MD	$317.56
VIDYA LOGANATHAN MD	$317.26
MICHAEL KRALL MD	$317.11
ASIM TARABAR MD	$316.54
KEVIN M DIETTE MD	$315.28
STEVEN CASSELL MD	$315.10
MARTIN G WERTKIN MD	$315.00
ROBERT D GREENBERG MD	$315.00
ODIN K KUIPER MD	$313.94
RENUKA UMASHANKER	$313.85
LEONARD COPERTINO MD	$313.00
LOYD S GODWIN MD	$313.00
MARIA RHEE MD	$312.71
LAWRENCE SCHWEITZER	$312.37
GREGORY T SERVETAS MD	$311.25
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ROBERT SAFER MD	$310.00
MATTHEW HUDDLESTON MD	$309.00
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CLAUDIO BORGHESAN MD	$307.78
SHAW'S COVE ORTHOPAEDICS LLC	$307.55
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RICHARD S BLUM MD	$307.00
JERRY NEUWIRTH MD	$306.98
ROBERT E KENNON MD	$306.42
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CHRISTOPHER LOSCALZO MD	$306.24
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BRANWEN O'SHEA-REFAI LCSW	$306.12
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HENRY NUSBAUM MD	$303.30
ALAN DOUGLASS MD	$303.08
PETER WADE MD	$303.00
HERBERT SCHERZER MD	$302.70
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SANDIP MUKHERJEE MD	$300.79
DEBRA LEE MD	$300.56
I WILLAR ABRAHAMS MD	$300.40
EILEEN MOORE APRN	$300.00
KAREN WARNER MD	$300.00
DAVID GARRELL	$299.83
KA-KEI NGAN MD	$299.83
BHAWANI S OJHA MD	$299.73
WILLIAM TARR MD	$299.00
JOSEPH D WATTS MD	$298.74
HELEN B ADAMS MD	$298.66
STUART HERLANDS MD	$298.54
FAIRFIELD COUNTY MEDICAL GROUP	$298.52
DIANE LIBBY-RAMAGE	$297.68
CRAIG KORBIN MD	$296.32
LORA HAHN SCHUBERT	$296.00
MATTHEW L SAIDEL MD	$295.81
DONALD LANNIN MD	$295.51
J MICHAEL HERR	$295.08
DONNA STEFFEN APRN	$294.99
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ORTHOPEDIC ASSOC OF DUTCHESS	$294.73
RICHARD C ALBRECHT	$294.56
AMY L SNYDER MD	$294.44
SAUL D NEUMAN	$294.00
PETER D ZDANKIEWICZ MD	$294.00
CHRISTOPHER MANNING MD	$294.00
RAVI JAIN MD	$293.95
JEFFREY SCHMIERER MD	$293.65
ROBERT CARR MD	$293.00
SANDRA M QUINTERO MD	$292.71
DESIDERIO ARCE MD	$292.68
WAYNE S KUBAL MD	$291.74
BRUCE E ENGLANDER MD	$291.52

SPENCER ERMAN MD	$291.42
LATHA ALAPARTHI MD	$291.40
ELIZABETH KONTARINES MD	$290.93
NICHOLAS DEMARTINIS MD	$290.00
STANISLAW P CHORZEPA DO LLC	$290.00
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DENNIS L HUEBNER MD	$289.17
JAMES S HOFFMAN MD	$289.15
RICHARD A SINGER MD PC	$289.00
STEVONE DEFRANCESCO PT	$288.00
SUSAN RICHMAN MD	$287.49
HOPE B BARTON APRN	$287.40
MARK C FLETCHER DMD MD	$287.33
MARTIN A GAVIN DPM	$287.13
LAWRENCE BLUTH MD	$286.70
JESSICA WEI MD	$286.27
CORNELIO R HONG MD	$286.00
ERLINDA A RAUCH MD	$285.60
MICHAEL Z FEIN	$285.43
ELIZABETH TEMKIN CNM	$285.22
OWEN SCHNEIDER MD	$285.08
LINDA C SPOCK PHD	$285.00
GEORGANN WITTE PHD	$285.00
THOMAS FINN PHD PC	$285.00
SYDNEY Z SPIESEL MD	$285.00
FRANKLIN A LORIA	$284.62
RICHARD BREIER MD	$284.48
STEPHEN A MATHIAS MD	$284.40
THERESA MANGUAL MD	$284.00
ELLEN DONSHIK MD	$283.83
PUPINDER JASWAL MD	$283.16
CHRIS W MCKENNEY DC	$282.42
GREGORY BOMBASSEI MD	$282.27
TINA ZIGO ND	$282.00
CHARLES LICATA MD	$282.00
JEFFREY A ARONS MD PC	$281.87
J MICHAEL WILLETT MD	$281.05
JEFFREY B KATZ MD	$281.05
LINDA LACERTE MD	$281.00
MIDDLESEX MEDICAL CENTER PHYS	$280.95
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LETTERIO ASCIUTO MD	$280.00
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LESLIE GORCYNSKI LMFT	$280.00
DANA M CAVICKE MD	$279.76
KEVIN J TWOHIG MD	$279.46

JAMES BRINK MD	$278.94
ROBERT M SPITZ MD	$278.94
JEFFREY HAWLEY MD	$278.15
NEIL PETERSEN MD	$277.37
THOMAS DONOHUE DPM	$277.13
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EUGENE MIRRER MD	$277.00
PAUL LEVESQUE MD	$276.51
IL SONG HAHN MD	$275.92
CHARLES A FISCHBEIN MD	$275.01
DAVID SHAPIRO MD	$275.00
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VETERANS AFFAIRS MEDICAL CENTE	$274.03
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ALFRED MITCHELL MD	$273.21
QAIYUM MUJTABA MD	$273.00
LINDA P MILICI MD	$272.74
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DONALD MORDAVSKY	$272.00
JOSEPH A TIRADO MD	$271.92
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SCHEUSTER CHRISTIE MD	$271.35
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CHARLES KAUFMANN DO	$265.82
MICHAEL P CAFARO M D	$265.00
GARRY W TURNER MD	$264.78
SYED H REZA MD	$264.56
MICHAEL L SHER MD	$264.16
PETER G BLOOM MD	$264.03
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JEWEL B REED LMFT	$263.90
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EVAN M GINSBERG MD	$262.04
ANN ECHOLS RPT	$262.00
SALLY ARDOLINO MD	$262.00
MARVIN S ARONS MD	$261.87
BRUCE SOBIN MD	$261.70
JEFFREY T PRAVDA MD	$261.66
IACOB MARCOVICI MD	$261.52
DENNIS L FEINBERG MD	$261.11
SUSAN BOWERS MD	$261.00
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ARTHUR T BLUMER MD	$258.01
TEDD L WEISMAN MD	$258.00
DARRON A BACAL MD	$257.43
ELIZABETH M SOLANO	$257.20
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EMP OF FAIRFIELD COUNTY LLC	$256.00
THERESA M CAPUTO MD	$256.00
STEVEN WEINREB MD	$255.62
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JOHN G GELINAS JR, MD	$255.00
WILLIAM DELANEY MD	$255.00
JUDITH A SHAPIRO SW	$255.00
SUE E GOSTANIAN	$255.00
DALAL CHENOUDA MD	$255.00
DALE J WALLINGTON MD	$255.00
ARTHUR SKALSKI MD	$255.00
BASSAM AWWA MD	$255.00
MARIO COHEN MD	$254.92
JERILYN S ALLEN MD	$254.78
DAVID B PARMELEE MD	$254.78
JENNIFER LANDA MD	$254.22

DOMINICK F ROTO II DO	$254.00
JURGEN HOLLECK MD	$253.00
HOUTAN GOLZARI MD	$253.00
MARILYN KRITZMAN MD	$252.88
GLENN M RICH MD	$252.35
ROBERT SIDMAN MD	$252.28
MARK BLITZER MD	$252.08
CHRISTOPHER LENA MD	$252.07
DIANE M DAVIDSON MD	$252.00
JAMES ALLEN DC	$252.00
J ALBERT DIAZ MD	$251.85
MARTIN E SAVAGE MD	$251.34
PAUL ALBERTI MD	$251.28
STACEY M DIVIS PT	$251.00
JOHN D'AMICO DPM	$250.00
RYAN TERRENCE MD	$250.00
JOSE SANTOS MD	$250.00
MARK P HOMMEL MD	$250.00
JERROLD RAAB	$250.00
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FENG HONGHUI MD	$246.40
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JOSEPH S ELMAN MD	$245.00
EDWARD J OPALACZ MD	$245.00
DAVID A MANCINI MD	$244.99
ANIL J BRITTO MD	$244.41
DAVID LOWELL MD	$244.12
BARRY JACOBS MD	$244.12
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GEORGIA A TUTTLE MD	$80.00
KENNETH J EGAN MD	$80.00
RICHARD BRODY MD	$80.00
DO NOT USE THIS ENTRY	$80.00
ALICIA J HARBUT MD	$80.00
LAURENCE KNOWLL MD PC	$80.00
LABCORP OF AMERICA HOLDINGS	$79.85
STEPHEN M SACHS MD	$79.39
BORDEN BROWN MD	$79.32
RONALD M TISHLER OD	$79.20
H KARPELMAN DPM	$79.11
GROVE HILL MEDICAL CENTER	$78.74
SUSANNA THOMAS MD	$78.58
STEFANIE DURSTIN MD	$78.28
CHRISTOP LATCHFORD OT	$78.20
JAMES J ZUMPANO MD	$77.53
JANUSZ SAWICKI MD	$77.00
KAREN NEAD MD	$77.00
MARK E O'MALLEY DC	$77.00
RON MAIMON MD	$76.82
GARRY S KAIN OD LLC	$76.80
TAMAR R BRAVERMAN MD	$76.25
LINDA WALDMAN MD	$75.51
INTERNAL MEDICINE OF WESTHAVEN	$75.51
KAREN Y GOLDGERG MD	$75.51
BRIAN M DEBROFF MD	$75.10
KATHLEEN A BRITTING	$75.00
KELLIANN ARMSTRONG, O.D.	$75.00
MATTHEW FRIEDMAN MD	$75.00
JODY NAIMARK MD	$75.00
JAMES ST PIERRE MD	$75.00
MATTHEW CARLEY MD	$75.00
MARGARET WEST APRN	$75.00
SPECTRUM PSYCHIATRIC GROUP	$75.00
ALICIA ZALKA MD	$75.00
HASHIM W SABET MD	$75.00

JAMES LEFEVRE OD	$75.00
HILDA SLIVKA MD	$75.00
STUART D KATZ MD	$75.00
ALBERT WALTERS MD	$75.00
MANOJ KUMAR PATEL MD	$75.00
PHILIP C DENNEN MD	$74.40
ANTHONY SOBEY MD	$74.26
JEANNE JOHNSON MD	$74.26
TAZEEN ALEEM MD	$74.26
LON P MANFREDI MD	$73.82
PAUL HARRINGTON MD	$73.75
MICHAEL GREENAWAY MD	$72.87
H KIPPERMAN MD	$72.66
JONATHAN D GETZ MD	$72.45
LAURIE MARGOLIES MD	$72.45
JOAN V JUDGE MD	$72.36
WILLIAM FREDERICK MD	$72.36
DOUGLAS T MILLER MD	$72.26
LEONARD STOANE MD	$72.07
RADIOLOGY CONSULT OF LYNCHBURG	$72.00
DEEPAK BRAMHAVAR MD	$71.85
ROBERT FITTON MD	$71.50
CHRISTOPHER TAUBES	$71.25
STUART GENSER MD	$71.00
FLAGLER HOSPITAL INC	$71.00
STEPHEN ZEBROWSKI	$71.00
DAVID CEGELKA PT	$71.00
DEVIKA M KASARANENI MD	$71.00
PAUL VELLA MD	$71.00
FERNANDO ILLESCAS MD	$71.00
JAY KAPLAN MD	$71.00
ROBERT DRURY MD	$71.00
ANDREW C WORMSER MD	$70.93
DIAGNOSTIC IMAGING ASSOCIATES	$70.68
SUSAN C HOWARD LICSW	$70.00
EAST GRANBY FAMILY PRACTICE	$70.00
MICHAEL F PARKER MD	$70.00
PAMELA J RANDOLPH MD	$70.00
PATRICK J CULLEN PA	$70.00
JACK DOYLE LCSW	$70.00
HOWARD HARINSTEIN DPM	$70.00
MARK DEPONTE MD	$70.00
ADEDAYO O ADETOLA MD	$70.00
MOHAMMAD MOIENAFSHARI	$70.00
DAVID A KRULLEE MD	$70.00
ELIZABETH FREEDMAN MD	$70.00
STANLEY SAPERSTEIN MD	$70.00

ANDRE LERER MD	$70.00
JEFFREY L GROSS MD	$70.00
DARIEN MEDICAL GROUP	$70.00
JUDITH P TSUKROFF LMFT	$70.00
BEATRICE DESPER MD	$70.00
MARTIN SPINELLA MD	$69.92
KIM ABELL MD	$69.66
STEPHEN K OHKI MD	$69.55
SHIV GUPTA MD	$69.41
RONALD O BERGER MD	$68.84
JAY HELLREICH MD	$68.84
MICHAEL E YENCHO MD	$68.56
JEANNE ALEXANDER DC	$68.00
GARTH OLIVER MD	$67.92
JOANNE WIBLE-KANT MD	$67.92
TODD C TRACY MD	$67.92
GREGORY N SOLOWAY MD	$67.92
KATHLEEN P BURLISON	$67.92
JOSEPH A CUTERI MD	$67.92
JEROLD M PERLMAN MD	$67.92
STEPHEN H GOLDNER MD	$67.92
GORAN NILJKOVIC MD	$67.92
DIANE L WHITAKER MD	$67.90
YI ELAINE LIN MD	$67.37
CHRISTOPHER INCLIMA OD	$66.80
ANDREW J SOKOLIK	$66.80
CHRISTOPHER L ARGO	$66.80
BRIAN LYNCH OD	$66.80
MARTIN J WHITE	$66.58
RALPH PREZIOSO MD	$66.17
HENRY C ALLEN MD	$66.00
JENIFER WILLMANN-SIEGELMAN MD	$65.66
DANA RANANI MD	$65.51
RAYMOND WONG MD	$65.51
RONALD HIROKAWA	$65.51
MICHELLE E DILORENZO DO FAAP	$65.51
SAIMA A PASHA MD	$65.51
ANTHONI J DULEBA MD	$65.51
JUDITH GORELICK MD	$65.51
GEORGIA KELLEY MD	$65.51
PAUL LEBOWITZ MD	$65.51
RICHARD R LUBELL MD	$65.51
CRAIG M KEANNA MD	$65.51
KELLY K NELSON MD	$65.51
SILVIO E INZUCCHI MD	$65.51
EDUARDO ANHALT MD	$65.51
JEFFREY C SALOMON MD PC	$65.51

ELLEN B MILSTONE MD	$65.51
MARY BIRMINGHAM MD	$65.51
MICHAEL GIRARDI MD	$65.51
CHARLENE LI MD	$65.11
CENTRE EMERGENCY MEDICAL ASSOC	$65.00
NATCHAUG HOSPITAL INC	$65.00
I JEFFREY BERG MD	$65.00
ROY EICHENGREEN MD	$65.00
TERRI CYR MD	$65.00
F PETER SWANSON MD	$65.00
BARRY S FELDMAN MD	$65.00
CHRISTIAN E DAVIS DPM	$65.00
MALCOLM BROWN MD	$65.00
KATHLEEN RILEY ND	$65.00
DAVID C NOVICKI DPM	$65.00
DAWN BRODERICK MD	$65.00
LOUIS E BISOGNI DC	$65.00
ELIZABETH SCHUCK MD	$65.00
RICHARD N BIONDI MD	$65.00
VIRGINIA L GRAY-CLARK MD	$65.00
D ROBERT PANNONE OD	$65.00
ROBERT D LANG MD PC	$65.00
CLAIRE BAILEY MD	$65.00
R LOCKHART MD	$65.00
JOYCE FONG BRETON MD	$65.00
ANDREW HAIMS MD	$64.92
RICHARD QUERRIERE MD	$64.64
MARIO GROSSO MD	$64.41
JOSEPH MAGLIO MD	$64.21
RALPH L MANFREDI DC	$64.00
VISWANATHAN KARTIK MD	$64.00
JIM S H WU MD	$63.91
JILL DENOWITZ MD	$63.45
JOHN A SVOGUN MD	$63.45
JAY A HORN MD	$63.45
PAUL R KELLY MD	$63.45
CARLSON THERAPY NETWORK PC	$63.00
MATERNAL FETAL SPECIALIST OF	$62.74
GERALD MCAULIFFE MD	$62.74
MICHELLE P HAYWOOD DC	$62.20
NAVYN NARAN MD	$62.00
C BRENDAN MONTANO MD PC	$62.00
GEORGE TZEPOS OD	$62.00
ANDREA SCHAFFNER MD	$62.00
LAWRENCE S RIFKIN MD	$62.00
LARRY B LEVINE MD	$62.00
KATHERINE A SCHNEIDER MD	$62.00

STEVEN J RIGATTI MD	$62.00
GREGORY SHIELDS MD	$62.00
JENNIFER L MAUDE MD	$62.00
BERNARD GHELMAN MD	$62.00
CHRISTOPHER H GOTTSCHALK MD	$62.00
CHARLES S KANTOR MD	$62.00
NOMATE T KPEA DO	$62.00
EDWARD S SAWICKI MD	$61.08
LYNNE BIRKMEYER MD	$61.08
RICHARD FREEDMAN MD	$61.08
PATRICK MCCRYSTAL RPT	$61.00
MOHANAKRISHNAN MENON MD	$60.90
JOSEPHINE CONTRINO MD	$60.90
MICHAEL R DESHAIES MD	$60.90
CT NEUROLOGY CONSULTANTS	$60.90
VIJAYA AJJAGOTTU MD	$60.90
JOHN D'AVELLA MD	$60.90
GREGORY BONAIUTO MD	$60.90
JOHN R PANNESE MD	$60.69
DONALD B WEEKS DMD	$60.00
EDWARD CONNAUGHTON DC	$60.00
DAVID P PURPORA MD	$60.00
STEWART C GROSS MD	$60.00
LISA M DONOFRIO MD	$60.00
ANTHONY G LENDINO MD	$60.00
FREDERICK ALTICE MD	$60.00
UROLOGY ASSOCIATES OF DANBURY	$60.00
OBINNA MADUKA MD	$60.00
JOHN D SHANLEY MD	$60.00
ROBERT E MCCARTHY MD	$60.00
MARIA TRIPODI RD	$60.00
PATRICIA A ECKER MD	$60.00
JOHN FRAZIER MD	$60.00
CHRISTINE E BRICCETTI MD	$59.85
ANNE H FLITCRAFT MD	$59.50
LIANE PHILPOTTS MD	$59.41
DANA SCHWARTZ MD	$58.78
WILNER SAMSON MD	$58.55
KENNETH H ELDER OD	$58.00
BRUCE AROSE MD	$57.85
CARLA R SANDBERG MD	$57.83
STEPHEN ZUCKERMAN MD	$57.80
PETER G WALDEN MD	$57.80
CHRISTOPHER J KELLY MD	$57.80
BARBARA S BLANCO MD	$57.40
DANIEL T GLENNEY MD	$57.00
WAGDY M HABASHY MD	$57.00

GARY BERTMAN MD	$57.00
JOHN HUANG MD	$57.00
ROBERT PEPPERMAN MD	$57.00
PATRICK R DUFFY MD	$57.00
HAROLD O SHAPIRO MD	$57.00
MICHAEL J CONNOLLY MD	$57.00
MILFORD MEDICAL CARE CTR PC	$57.00
JAMES I SPAK MD	$57.00
ARNOLD C WINOKUR MD	$57.00
ANGELO MALLOZZI MD	$57.00
LINDA S DURHAN MD	$56.97
CHARLOTTE RADIOLOGY, PA	$56.88
SARAH STEWART MD	$56.45
THOMAS R CONRAD OD	$56.00
JACK FONG MD	$55.25
JOEL MALIN MD	$55.25
JOSHUA A COPEL MD	$55.24
EDWARD M ROSENBLATT	$55.16
WILLIAM C COLSTON MD	$55.00
WILLIAM C WEED MD	$55.00
THOMAS LAWLOR MD	$55.00
DOUGLAS C D'ANDREA MD	$55.00
HENRY CRABBE MD	$55.00
DOYLES MEDICAL SUPPLY LLC	$54.99
FREDERICK SHULER MD	$54.69
THERESA M VOYTEK MD	$54.08
JAMES B BUTLER MD	$53.75
KEVIN M JOHNSON MD	$53.11
TATYANA FRENKEL MD	$52.73
RISA KENT MD	$52.67
HARVEY KRAMER MD	$52.47
LARRY B BROISMAN MD	$52.25
ROSE S THAYAPARAN MD	$52.08
GEORGE OUELLETTE	$52.00
STEPHEN J URCIUOLI MD	$52.00
NEAL MANDELL MD	$51.30
DAVID SALM MD	$51.20
J CAREY LAPORTE JR MD	$51.20
JOHN NOTAR-FRANCESCO MD	$51.03
ADVANCED HEALTH SPORTS & OCC	$51.00
DAVID A CHERRY MD	$51.00
DAVID HENDERSON MD	$51.00
TIMOTHY BUCKLEY MD	$51.00
SARMA S JAYANTHI MD	$51.00
SUSAN G JOHNSON MD	$50.70
FRANK BRAZA MD	$50.22
WAYNE M CASTAGNA OD	$50.20

JOHN RAGUCCI MD	$50.00
JILLIAN BRADLEY OD	$50.00
MICHAEL WALTZMAN MD	$50.00
THERESA G HUSZAR MD	$50.00
BLAIR ROBERTS	$50.00
FRANK DEPINO MD	$50.00
ANTHONY DEMATTEO PT	$49.95
CORINA MARCU MD	$49.92
GEORGE M STOHR DO	$49.50
GERALD FISHBONE MD	$48.15
MOLECULAR DIAGNOSTIC LAB	$48.00
ELMO C VILLANUEVA MD	$48.00
JEFFERSON RADIOLOGY	$48.00
YING-SEK CHAN MD	$47.83
DANIEL P MCNALLY MD	$47.34
MARIA G TASSO MD	$47.00
JOLANTA FRAGOSO MD	$47.00
JOHN ANCONA MD	$47.00
WILLIAM R BUTLER MD	$47.00
MARIO AMLETO MD	$47.00
LUCYNA T KOLAKOWSKA,MD	$47.00
ALBERTO J RODRIGUEZ MD	$47.00
VICENTE GARCIA MD	$47.00
ARNOLD E DOROSARIO MD	$47.00
ALAN T FALKOFF MD	$47.00
M PASHA MD	$47.00
ANDREW N BAZOS MD	$47.00
M PTASZYNSKI MD	$47.00
MARITZA I PEREZ MD	$47.00
LOUIS REIK JR MD	$47.00
OSCAR LASCANO MD	$47.00
YAHYA GURESHI MD	$47.00
ARTHUR S TURETSKY MD	$47.00
VIPULKUMAR BHALODIYA MD	$47.00
JEFFREY R BREITER MD	$47.00
ALAN SOROKA MD	$47.00
JAMES G KRANTZ DPM	$47.00
IVELISSE VIRUET MD	$47.00
J	$47.00
JOSEPH O BIZZOZERO MD	$47.00
ROY KELLERMAN MD	$47.00
GERALD VALLETTA MD	$47.00
NANCY TROUT MD	$47.00
SUE-ELLEN FRANKLYN MD	$47.00
E SPENCER JOSLIN MD	$47.00
LESLIE P BEAL MD	$47.00
PHILIP KARANIAN MD	$47.00

LAWRENCE LEIBOWITZ MD	$47.00
SUSANNA K JALKUT MD	$47.00
CHARLES ESPOSITO MD	$47.00
EDWARD T GROSSMAN MD	$47.00
JAMES M OHARA MD	$47.00
EDWARD VOLPINTESTA	$47.00
CATHERINE HOLMES MD	$47.00
ROCCO CORNACCHIA MD	$47.00
TANYA C AVE'LALLEMANTEAST	$47.00
ELAINE YORDAN MD	$47.00
EDUARDO HILARIO MD	$47.00
MILLA STELMAN MD	$47.00
SHAHNAZ HUSSAIN MD	$47.00
RAYMOND STEWART MD	$47.00
SEAN W LAZARUS DPM	$47.00
DAVID P ROY MD	$47.00
DEBORAH TEPPER MD	$47.00
DARREN J COURTRIGHT DPM	$47.00
DANIEL T KOCINSKY MD	$47.00
GUIDO J NAPOLITANO MD	$47.00
RALPH TREMAGLIO MD	$47.00
JOSEPH T HERBIN MD	$47.00
MIRIAM COHEN MD	$47.00
IOANA S PREDA MD	$47.00
STEPHANIE FOWLER MD	$47.00
MORTON GLASSER MD	$47.00
CRISTIANA BLEJAN MD	$47.00
DOMINICK PASQUALE	$47.00
RICHARD B WEIN MD	$47.00
RUSSELL J TONKIN MD	$47.00
ILDIKO HELMECZI MD	$47.00
STEVEN BALINT	$47.00
JOSEPH J FARRAYE MD	$47.00
HOLLY FROST MD	$47.00
BERNARD J SHERLIP MD	$47.00
ENA CHOW MD	$47.00
ERIC CHANKO MD	$47.00
FRANCIS P ALCEDO MD	$47.00
ERIC J OLSON MD	$47.00
JAMES UBERTI MD	$47.00
PETER J GIACOMAZZI MD	$47.00
JEANNE M MARCONI MD	$47.00
BETH A BUSCHNER MD	$47.00
EMIL BLANCO MD	$47.00
MICHAEL P STEINBERG MD	$47.00
ROBERT REGINIO MD	$47.00
PETER ELLIS MD	$47.00

THOMAS WHELAN MD	$47.00
BEATRIZ E TENDLER MD	$47.00
PETER D JONES MD	$47.00
JONATHAN PENDLETON MD	$47.00
MICHAEL SAVARESE MD	$47.00
JEFFREY HYAMS MD	$47.00
BARRY MCNEIL MD	$47.00
JOSEPH A BRENES MD	$47.00
FREDERICK A KAYAL MD	$47.00
THELMA BATIANCILA MD	$47.00
CARL KOPLIN MD	$47.00
GABRIEL ABELLA MD	$47.00
ROBERTA J MOSS MD	$47.00
JOSEPH BRETON MD	$47.00
ROBERT ARCIERO MD	$47.00
TERRY M ECCLES MD LLC	$47.00
ELIZABETH BRADLEY MD	$47.00
JANET W KARPIAK	$47.00
ROBERT D DWYER MD	$46.34
SUZANNE E MILLER MD	$45.66
BRIGITTE P WORGAFTIK MD	$45.66
WILLIAM F WEISS DC	$45.00
MICHAEL S MCAVOY OD	$45.00
LAURA GLASZ OD	$45.00
MARGARET MARCONE OD	$45.00
KATHLEEN COFRANCESCO	$45.00
CHRISTA E CAMPBELL	$45.00
HUNTINGTON MEDICAL ASSOCIATES	$45.00
BRUCE DZIURA MD	$45.00
CHRISTOPHER M LEARY MD	$45.00
VANDITA P JOHARI MD	$44.64
ROBERT J MATHES MD	$44.00
GEORGE SPIVACK MD	$43.68
STEPHEN ROSSNER MD	$43.68
JOHN ZESK MD	$43.68
WILLIAM FARRELL MD	$43.68
KATHLEEN FEARN MD	$43.07
MARY JANE MINKIN MD	$43.06
JOHN F KVETON MD	$43.06
RICHARD H MATTSON MD	$43.06
JAMES E OCONNOR MD	$43.06
PREMIER HEALTHCARE EXCHANGE	$43.02
SHASHI K B CHADDHA MD	$42.74
ALLA BERNSHTEY MD	$42.50
JEFFREY TAKAHASHI MD	$42.40
ROBERT GOLUB MD	$42.39
IRENA TOCINO MD	$42.20

JENNIFER R VEIT DC	$42.00
AMY L PERSON DC	$42.00
GILBERTO RAMIREZ MD	$41.97
MARY SWAYKUS	$41.97
GREGORY LAWLER	$41.47
PASQUALE FINELLI MD	$41.25
STEPHEN MOYER DO	$41.18
EDMUND CAPORASO MD	$41.00
JOHN SORRENTINO MD	$41.00
OCEAN RADIOLOGY ASSOCIATES PC	$41.00
DOUGLAS GROOME MD	$41.00
PATRICK LAHR MD	$41.00
KRISTEN A ZARFOS MD	$41.00
GLENDA BRAWLEY OT	$40.20
ALICIA GUIDONE DPM	$40.00
DENNIS OGIELA MD	$40.00
NANCY POLISTENA OT	$40.00
TATIANA V CANNING MD	$40.00
ERIC JIMENEZ MD	$39.90
BINA CHADDHA MD	$39.68
DOUGLAS GIBSON MD	$39.66
MICHAEL OLOUGHLIN MD	$39.65
THOMAS M DUFFY OD	$39.00
WESLEY DAVID HAGER MD	$38.16
DANIEL C NIEJADLIK MD	$37.85
TARA CATANZANO MD	$37.41
RHODE ISLAND MEDICAL IMAGING	$37.00
DANIEL KASE MD	$36.90
CATHERINE D LEIDIGH MD	$36.00
FAIRFIELD COUNTY RADIOLOGY ASS	$35.00
MANDELL & BLAU MD PC	$35.00
BARRY STECKLER MD	$35.00
JOEL SILIDKER MD	$34.91
ADRIAN W KLUFAS MD	$34.71
M JOHNSON MD	$34.07
LAWRENCE GENERAL HOSPITAL	$34.00
ROBERT SAVINO DO	$34.00
SHARON GOULD MD	$34.00
HARRINGTON MEMORIAL HOSPITAL	$33.08
ROBERT SKARZYNSKI DC	$33.00
MARK J KANE MD	$32.71
ALI NIAKOSARI MD	$32.62
R TIMOTHY BROWN MD	$32.62
CLIFFORD FRELING MD	$32.18
STANLEY P SOLINSKY MD	$31.00
PRALEA ANCA MD	$31.00
ROBERT C KAPEL MD	$31.00

ADRIEL KRAMER MD	$31.00
JOHN MULLANEY MD	$31.00
JOHN T CAPPADONA MD	$31.00
SAUL J AHOLA MD	$31.00
PETER H GOTT MD	$31.00
JAN JAY AKUS MD	$31.00
THOMAS H LESNIK MD	$31.00
ALAN H RICHMAN MD	$31.00
DANIELLA DUKE MD	$31.00
LEE M HURNEY DPM PC	$31.00
CARL D BENDER DDS	$31.00
AMY SHERMAN MD	$30.38
MICHAEL E JOYCE MD	$30.00
KENRICK HOM MD	$30.00
R PELOQUIN MD	$30.00
LEE KATZ	$29.90
MEDTOX LABORATORIES	$29.15
ANGELA BOSJOLIE OD	$29.00
MITCHEL B STRAND OD	$29.00
LAB DEPT GROVE HILL	$28.20
EDWARD COLLINS MD	$28.03
JOHN DELEON MD	$27.84
HANI EL-FANEK MD	$27.60
JOSEPH HANNA MD	$27.09
ROBERT A SCHWARTZ MD	$27.04
ROMEO A VIDONE MD	$27.04
CORNELIS J OVERBEEKE MD	$26.25
ARMANDO RAFAEL OD	$25.00
TOLL GATE RADIOLOGY INC	$25.00
THOMAS D OLSAVSKY MD	$24.26
GUENADI AMOACHI MD	$24.18
RICHARD BRONEN MD	$23.83
REBECCA WILLIAMS MD	$23.18
LINDA DEPINO CRNA	$22.25
SIDNEY SHAFRAN OD	$21.20
MARTHA DUFF MD	$21.10
SUSAN GOBEL	$20.33
STEPHEN M ROUSE MD	$20.00
JANE REINSCH PT	$20.00
MICHELE NORMANDIN MD	$20.00
JOSEPH GAGLIARDI MD	$19.83
LAWRENCE M RAPPAPORT	$19.83
NORBERTO BELLEZA MD	$19.83
GUY TORSTENSON MD	$19.83
KEVIN W DICKEY MD	$19.83
EDWARD MILIKOW MD	$19.83
CHRISTINE M COLTON	$19.83

WILLIAM W MARTIN DC	$18.40
PAUL MASTROPOLO MD	$17.49
JONATHAN ALEXANDER MD	$17.49
STEPHEN WIDMAN MD	$17.49
BYRAM HEALTHCARE CENTERS INC	$17.19
RAKESH PATEL MD	$17.00
MARK THIMINEUR	$17.00
BRUCE A BERLOW MD	$17.00
CINDY MILLER MD	$16.97
SEAN K HERMAN MD	$16.97
THOMAS ETKIN MD	$16.58
PAUL S DAVIS MD	$16.10
PATRICIA YOUNGQUIST OD	$16.00
LINDA GILLIAM MD	$15.86
TODD EVERETT MD	$15.50
AJAY I DALAL MD	$15.50
ELCON LEVINSON MD	$15.50
CHRISTOPHER DEMBSKI DC	$15.00
MICHELLE CAMARATA PT	$15.00
CANDITO C CARROCCIA DC	$15.00
LAWRENCE LO MD	$14.46
MILELE B FRANCIS MD	$14.08
JOSE A DEPINA PT	$12.45
KRISTAN ZIMMERMANN	$12.42
PAUL N FIEDLER MD	$8.96
JOHN FOSTER MD	$8.63
WALTER R KOPE MD	$7.53
JAMES J GALLAGHER MD	$6.78
SOUTH BAY SPORTS AND PHYSICAL	$6.00
DARTMOUTH HITCHCOCK CLINIC	$6.00
THOMAS PAVLOVIC MD	$5.86
MAJAZ MOONIS MD	$4.25

CSUS-0315
Addendum #2
December 27, 2007

Exhibit B
Enrollment Numbers

CCSU	enrolled	total premium
07-08 Fall		
Accident Enrollment	6478	$ 531,196.00
Accident and Sickness Enrollment	1720	$ 758,520.00
Int Accident and Sickness	19	$ 9,405.00
		$ 1,299,121.00
received to date		$ (670,788.00)
		$ (299,226.50)
		$ 329,106.50
07-08 Dependents		
Spouses	18	$ 18,300.00
Child(ren)	12	$ 3,786.45
06-07 Dependents		
Spouses	27	$ 20,345.10
Child(ren)	31	$ 12,165.72
05-06 Dependents		
Spouses	23	$ 15,720.39
Child(ren)	22	$ 7,502.93

ECSU	enrolled	total premium
07-08 Fall		
Accident Enrollment	4001	$ 328,082.00
Accident and Sickness Enrollment	915	$ 328,485.00
Int Accident and Sickness	21	$ 10,395.00
		$ 666,962.00
	received to date	
		$(174,354.50)
		$(491,889.50)
		$ 718.00
07-08 Dependents		
Spouses	2	$ 1,220.00
Child(ren)	2	$ 362.00
06-07 Dependents		
Spouses	8	$ 7,843.75
Child(ren)	8	$ 3,151.89
05-06 Dependents		
Spouses	6	$ 6,657.00
Child(ren)	9	$ 1,971.01

SCSU	enrolled	total premium
07-08 Fall		
Accident Enrollment	7955	$ 652,310.00
Accident and Sickness Enrollment	2535	$ 910,065.00
Int Accident and Sickness	66	$ 32,670.00
Int Accident	5	$ 460.00
		$ 1,595,505.00
	received to date	
		$ -
		$ 1,595,505.00
07-08 Dependents		
Spouses	17	$ 15,443.00
Child(ren)	10	$ 3,978.00
06-07 Dependents		
Spouses	19	$ 19,664.00
Child(ren)	24	$ 8,179.01
05-06 Dependents		
Spouses	9	$ 7,177.00
Child(ren)	14	$ 5,913.00

WCSU	enrolled	total premium
07-08 Fall		
Accident Enrollment	4535	$ 371,870.00
Accident and Sickness Enrollment	827	$ 296,893.00
Int Accident and Sickness	30	$ 14,850.00
		$ 683,613.00
	received to date	
		$ (669,907.00)
		$ 13,706.00
07-08 Dependents		
Spouses	12	$ 11,590.00
Child(ren)	9	$ 3,616.00
06-07 Dependents		
Spouses	12	$ 11,673.00
Child(ren)	16	$ 6,382.92
05-06 Dependents		
Spouses	15	$ 11,455.00
Child(ren)	17	$ 5,232.62

CSUS-0315
Addendum #2
December 27, 2007

Exhibit C
Age Breakdown

CENTRAL CONNECTICUT STATE UNIVERSITY - 0000890429

	Age	F	M	Total	% of Total
2005 - 2006	17	1	1	2	0.1%
	18	42	61	103	5.0%
	19	78	104	182	8.8%
	20	109	110	219	10.6%
	21	95	92	187	9.1%
	22	129	114	243	11.8%
	23	122	120	242	11.7%
	24	112	123	235	11.4%
	25	59	79	138	6.7%
	26	60	65	125	6.1%
	27	40	32	72	3.5%
	28	32	30	62	3.0%
	29	20	22	42	2.0%
	30	16	20	36	1.7%
	31	7	13	20	1.0%
	32	7	7	14	0.7%
	33	12	7	19	0.9%
	34	8	6	14	0.7%
	35	7	4	11	0.5%
	36	6	7	13	0.6%
	37	2	3	5	0.2%
	38	6	3	9	0.4%
	39	4	3	7	0.3%
	40	1	4	5	0.2%
	41	5	1	6	0.3%
	42	4	3	7	0.3%
	43	3	6	9	0.4%
	44	1	2	3	0.1%
	45	3	3	6	0.3%
	46		1	1	0.0%
	47	4	1	5	0.2%
	48	1	2	3	0.1%
	49	1		1	0.0%
	50	1	1	2	0.1%
	51	3	3	6	0.3%
	53	2		2	0.1%
	54	1		1	0.0%
	55	1		1	0.0%
	57	2	1	3	0.1%
	75		1	1	0.0%
	05-06 Total	**1,007**	**1,055**	**2,062**	**100%**
	18	53	46	99	4.3%
	19	63	77	140	6.1%
	20	121	134	255	11.2%
	21	91	106	197	8.6%
	22	124	147	271	11.9%
	23	136	140	276	12.1%
	24	123	132	255	11.2%
	25	86	99	185	8.1%

2006 - 2007	26	76	67	143	6.3%
	27	43	38	81	3.6%
	28	38	37	75	3.3%
	29	22	18	40	1.8%
	30	15	18	33	1.4%
	31	7	15	22	1.0%
	32	9	13	22	1.0%
	33	10	9	19	0.8%
	34	10	5	15	0.7%
	35	9	3	12	0.5%
	36	15	5	20	0.9%
	37	3	2	5	0.2%
	38	8	6	14	0.6%
	39	6	5	11	0.5%
	40	5	3	8	0.4%
	41	4	4	8	0.4%
	42	4	3	7	0.3%
	43	5	3	8	0.4%
	44	9	4	13	0.6%
	45	2	1	3	0.1%
	46	5	2	7	0.3%
	47	2		2	0.1%
	48	5		5	0.2%
	49	3	1	4	0.2%
	50	6	1	7	0.3%
	51	2		2	0.1%
	52	3		3	0.1%
	53	1		1	0.0%
	54	1	1	2	0.1%
	56	3	1	4	0.2%
	58	1		1	0.0%
	60	1		1	0.0%
	64	1		1	0.0%
	76		1	1	0.0%
	06-07 Total			**2278**	**100.0%**
	18	61	49	110	6.1%
	19	76	74	150	8.3%
	20	96	88	184	10.2%
	21	96	96	192	10.6%
	22	97	113	210	11.6%
	23	93	115	208	11.5%
	24	101	109	210	11.6%
	25	65	64	129	7.1%
	26	47	59	106	5.9%
	27	29	32	61	3.4%
	28	22	24	46	2.5%
	29	13	18	31	1.7%
	30	17	14	31	1.7%
	31	6	9	15	0.8%
	32	9	16	25	1.4%
	33	5	9	14	0.8%

2007-2008	34		3	3	0.2%
	35	4	1	5	0.3%
	36	4	2	6	0.3%
	37	6	1	7	0.4%
	38	4	1	5	0.3%
	39	2	3	5	0.3%
	40	6	6	12	0.7%
	41	3	3	6	0.3%
	42	2	5	7	0.4%
	43	2		2	0.1%
	44	4	2	6	0.3%
	45	4	2	6	0.3%
	46	5	1	6	0.3%
	47	3		3	0.2%
	48	1	1	2	0.1%
	50	1	1	2	0.1%
	51	1		1	0.1%
	54		1	1	0.1%
	57	1		1	0.1%
	58	1		1	0.1%
	65	1	1	2	0.1%
	07-08 Total	**888**	**923**	**1811**	**100%**

EASTERN CONNECTICUT STATE UNIVERSITY - 0000890433

	Age	F	M	total	% of Total
2005 - 2006	16	1		1	0.1%
	17		2	2	0.2%
	18	71	45	116	9.5%
	19	88	98	186	15.2%
	20	105	88	193	15.7%
	21	85	59	144	11.7%
	22	81	87	168	13.7%
	23	53	68	121	9.9%
	24	29	46	75	6.1%
	25	18	23	41	3.3%
	26	13	26	39	3.2%
	27	7	12	19	1.5%
	28	7	8	15	1.2%
	29	5	3	8	0.7%
	30	11	4	15	1.2%
	31	1	6	7	0.6%
	32	1	8	9	0.7%
	33		2	2	0.2%
	34	1	3	4	0.3%
	35	4	3	7	0.6%
	36	2	3	5	0.4%
	37		3	3	0.2%
	38	1	3	4	0.3%
	39	2	1	3	0.2%
	40	4	1	5	0.4%
	41	1	2	3	0.2%
	42	3	1	4	0.3%
	43	1	2	3	0.2%
	44	5	1	6	0.5%
	45	1		1	0.1%
	46	4		4	0.3%
	48	2		2	0.2%
	49	2		2	0.2%
	51	1	1	2	0.2%
	52	1		1	0.1%
	53	1		1	0.1%
	55		1	1	0.1%
	56		1	1	0.1%
	58		1	1	0.1%
	64		1	1	0.1%
	73	1		1	0.1%
	05-06 Total	**613**	**613**	**1226**	**100.0%**
	17	1	2	3	0.3%
	18	63	33	96	9.1%
	19	90	63	153	14.6%
	20	95	89	184	17.5%
	21	66	65	131	12.5%
	22	51	62	113	10.8%
	23	43	51	94	8.9%

2006 - 2007	24	34	45	79	7.5%
	25	16	20	36	3.4%
	26	21	15	36	3.4%
	27	6	17	23	2.2%
	28	9	8	17	1.6%
	29	6	5	11	1.0%
	30	9	2	11	1.0%
	31	8	1	9	0.9%
	32	2	6	8	0.8%
	33	1	4	5	0.5%
	34		1	1	0.1%
	35		4	4	0.4%
	36	2	1	3	0.3%
	37	3		3	0.3%
	38	2	3	5	0.5%
	39	1	2	3	0.3%
	40	2		2	0.2%
	41	2	1	3	0.3%
	42	1	2	3	0.3%
	43	2		2	0.2%
	45	1	1	2	0.2%
	46	1		1	0.1%
	47	2		2	0.2%
	49	1		1	0.1%
	52	1		1	0.1%
	53	1		1	0.1%
	54	1		1	0.1%
	55	1		1	0.1%
	60		1	1	0.1%
	64	1	1	2	0.2%
	06-07 Total	**546**	**505**	**1051**	**100.0%**
2007-2008	18	42	31	73	7.7%
	19	70	48	118	12.4%
	20	93	81	174	18.3%
	21	81	75	156	16.4%
	22	69	87	156	16.4%
	23	28	32	60	6.3%
	24	24	35	59	6.2%
	25	15	25	40	4.2%
	26	7	13	20	2.1%
	27	8	8	16	1.7%
	28	3	13	16	1.7%
	29	1	6	7	0.7%
	30	6	2	8	0.8%
	31	4	2	6	0.6%
	32	6	2	8	0.8%
	33	2	3	5	0.5%
	34		3	3	0.3%
	35		1	1	0.1%
	36	1	2	3	0.3%
	37	1		1	0.1%

	38	3		3	0.3%
	39	1	3	4	0.4%
	40	1	1	2	0.2%
	42	1		1	0.1%
	44	2		2	0.2%
	47	1		1	0.1%
	48	1		1	0.1%
	50	1	1	2	0.2%
	52		1	1	0.1%
	53	1		1	0.1%
	54	2		2	0.2%
	56	2		2	0.2%
	07-08 Totals	**477**	**475**	**952**	**100.0%**

SOUTHERN CONNECTICUT STATE UNIVERSITY - 0000890434

	Age	F	M	Total	% of total
2005-2006	17	1		1	0.0%
	18	171	79	250	7.5%
	19	192	142	334	10.0%
	20	222	142	364	10.9%
	21	157	115	272	8.2%
	22	205	154	359	10.8%
	23	192	123	315	9.5%
	24	171	121	292	8.8%
	25	157	82	239	7.2%
	26	124	76	200	6.0%
	27	71	45	116	3.5%
	28	54	42	96	2.9%
	29	36	26	62	1.9%
	30	28	24	52	1.6%
	31	21	8	29	0.9%
	32	19	18	37	1.1%
	33	23	9	32	1.0%
	34	13	9	22	0.7%
	35	13	9	22	0.7%
	36	13	9	22	0.7%
	37	15	11	26	0.8%
	38	8	3	11	0.3%
	39	4	4	8	0.2%
	40	18	4	22	0.7%
	41	9	3	12	0.4%
	42	14	4	18	0.5%
	43	6	3	9	0.3%
	44	7	2	9	0.3%
	45	7	1	8	0.2%
	46	9	5	14	0.4%
	47	8	4	12	0.4%
	48	4	3	7	0.2%
	49	7	1	8	0.2%
	50	4	2	6	0.2%
	51	5	3	8	0.2%
	52	3	2	5	0.2%
	53	3	1	4	0.1%
	54	4	1	5	0.2%
	55	2		2	0.1%
	56	1	1	2	0.1%
	57		1	1	0.0%
	58	2		2	0.1%
	59	2		2	0.1%
	61	1	2	3	0.1%
	62	1		1	0.0%
	63	1		1	0.0%
	64	2		2	0.1%
	66	1		1	0.0%
	70		2	2	0.1%

	05-06 Total	2031	1296	3327	100%
2006 - 2007	17	2		2	0.1%
	18	202	93	295	8.6%
	19	244	135	379	11.1%
	20	250	161	411	12.0%
	21	186	137	323	9.5%
	22	198	150	348	10.2%
	23	179	141	320	9.4%
	24	183	114	297	8.7%
	25	121	89	210	6.2%
	26	115	77	192	5.6%
	27	67	42	109	3.2%
	28	55	47	102	3.0%
	29	25	25	50	1.5%
	30	25	22	47	1.4%
	31	24	14	38	1.1%
	32	14	14	28	0.8%
	33	14	8	22	0.6%
	34	16	7	23	0.7%
	35	5	8	13	0.4%
	36	15	6	21	0.6%
	37	11	5	16	0.5%
	38	12	9	21	0.6%
	39	8	3	11	0.3%
	40	5	9	14	0.4%
	41	6	1	7	0.2%
	42	8	5	13	0.4%
	43	6	3	9	0.3%
	44	7	3	10	0.3%
	45	7	2	9	0.3%
	46	8	2	10	0.3%
	47	4	2	6	0.2%
	48	7	3	10	0.3%
	49	3	1	4	0.1%
	50	5		5	0.1%
	51	6	2	8	0.2%
	52	4		4	0.1%
	53	2	1	3	0.1%
	54	4	2	6	0.2%
	55	4	1	5	0.1%
	56	3	1	4	0.1%
	57	3		3	0.1%
	59	1		1	0.0%
	60	1		1	0.0%
	67	1		1	0.0%
	06-07 Total	**2066**	**1345**	**3411**	**100%**
	16		1	1	0.0%
	18	109	53	162	6.1%
	19	189	111	300	11.2%
	20	219	123	342	12.8%
	21	187	117	304	11.4%

2007-2008	22	187	133	320	12.0%
	23	138	107	245	9.2%
	24	136	106	242	9.1%
	25	100	63	163	6.1%
	26	68	64	132	4.9%
	27	57	39	96	3.6%
	28	54	22	76	2.8%
	29	25	26	51	1.9%
	30	18	14	32	1.2%
	31	16	8	24	0.9%
	32	11	4	15	0.6%
	33	7	7	14	0.5%
	34	9	6	15	0.6%
	35	6	4	10	0.4%
	36	8	4	12	0.4%
	37	6	6	12	0.4%
	38	9	5	14	0.5%
	39	4	4	8	0.3%
	40	3	2	5	0.2%
	41	4	3	7	0.3%
	42	4		4	0.1%
	43	6	4	10	0.4%
	44	3	2	5	0.2%
	45	5	3	8	0.3%
	46	3		3	0.1%
	47	2		2	0.1%
	48	3	2	5	0.2%
	49	1	1	2	0.1%
	50	8	1	9	0.3%
	51	2	1	3	0.1%
	52	1	1	2	0.1%
	53	4		4	0.1%
	54		1	1	0.0%
	55	2		2	0.1%
	56	4		4	0.1%
	57	1	1	2	0.1%
	58	1	2	3	0.1%
	64		1	1	0.0%
	07-08 Total	**1620**	**1052**	**2672**	**100%**

WESTERN CONNECTICUT STATE UNIVERSITY - 0000890435

	Age	F	M	total	% of Total
2005 - 2006	18	29	16	45	5.2%
	19	39	39	78	8.9%
	20	76	50	126	14.4%
	21	38	39	77	8.8%
	22	56	43	99	11.4%
	23	49	51	100	11.5%
	24	40	50	90	10.3%
	25	30	31	61	7.0%
	26	26	19	45	5.2%
	27	11	9	20	2.3%
	28	17	9	26	3.0%
	29	7	2	9	1.0%
	30	5	6	11	1.3%
	31	6	3	9	1.0%
	32	5	6	11	1.3%
	33	3	1	4	0.5%
	34	2	2	4	0.5%
	35	3	1	4	0.5%
	36	2	2	4	0.5%
	37	2	4	6	0.7%
	38	3	1	4	0.5%
	39	2		2	0.2%
	40	3	1	4	0.5%
	41		2	2	0.2%
	42	3		3	0.3%
	43	2		2	0.2%
	44	1	1	2	0.2%
	46	1		1	0.1%
	47	1	2	3	0.3%
	48	2	1	3	0.3%
	49	4		4	0.5%
	50	1	1	2	0.2%
	52		1	1	0.1%
	53	1		1	0.1%
	54	1		1	0.1%
	56	1		1	0.1%
	57	1		1	0.1%
	58	1		1	0.1%
	59		1	1	0.1%
	60	1		1	0.1%
	62	2		2	0.2%
	64		1	1	0.1%
	05-06 Total	**477**	**395**	**872**	**100.0%**
	13		1	1	0.1%
	18	44	25	69	6.6%
	19	60	53	113	10.9%
	20	74	53	127	12.2%
	21	85	51	136	13.1%
	22	65	64	129	12.4%

2006 - 2007	23	62	50	112	10.8%
	24	50	42	92	8.8%
	25	31	24	55	5.3%
	26	31	34	65	6.2%
	27	12	8	20	1.9%
	28	7	13	20	1.9%
	29	9	2	11	1.1%
	30	6	4	10	1.0%
	31	3	2	5	0.5%
	32	5	6	11	1.1%
	33	7	4	11	1.1%
	34	5	2	7	0.7%
	35	1	2	3	0.3%
	36	4	4	8	0.8%
	37	1	2	3	0.3%
	38	1	2	3	0.3%
	39		1	1	0.1%
	40	2	1	3	0.3%
	42	2	1	3	0.3%
	43	4	2	6	0.6%
	44	5		5	0.5%
	46	1	1	2	0.2%
	47	2		2	0.2%
	49	1		1	0.1%
	50	1		1	0.1%
	54	2		2	0.2%
	58	1		1	0.1%
	59	1		1	0.1%
	60		2	2	0.2%
	06-07 Total	**585**	**456**	**1041**	**100.0%**
2007-2008	17	1		1	0.1%
	18	31	19	50	5.5%
	19	72	45	117	13.0%
	20	47	61	108	12.0%
	21	55	39	94	10.4%
	22	71	53	124	13.8%
	23	50	51	101	11.2%
	24	41	44	85	9.4%
	25	27	21	48	5.3%
	26	24	23	47	5.2%
	27	9	16	25	2.8%
	28	8	8	16	1.8%
	29	2	10	12	1.3%
	30	10	2	12	1.3%
	31	4	3	7	0.8%
	32	3		3	0.3%
	33	5	4	9	1.0%
	34	5	1	6	0.7%
	35	3		3	0.3%
	36		3	3	0.3%
	37	3	2	5	0.6%

	38		1	1	0.1%
	39	1	1	2	0.2%
	41	2	2	4	0.4%
	43	5	1	6	0.7%
	44	4		4	0.4%
	45	1		1	0.1%
	46	1		1	0.1%
	47	1		1	0.1%
	48	2		2	0.2%
	50		1	1	0.1%
	57		1	1	0.1%
	61		1	1	0.1%
	07-08 Total	**488**	**413**	**901**	**100.0%**

CSUS-0315
Addendum #2
December 27, 2007

Exhibit D
Top 20 Providers Listing

CONNECTICUT STATE UNIVERSITY SYSTEM

TOP 20 PROVIDER REPORT

2006 - 2007 POLICY YEAR

Tax ID	Provider Name	Total Paid Amount
60646652	YALE NEW HAVEN,HOSPITAL	$220,505
61460613	QUEST DIAGNOSTICS IN,CORPORATED	$211,817
60646597	DANBURY HOSPITAL,	$125,573
60646966	WINDHAM COMMUNITY,MEMORIAL HOSPITAL	$116,060
60653171	HOSPITAL OF,ST. RAPHAEL	$115,391
60646668	HARTFORD HOSPITAL,	$102,070
60646768	THE HOSP OF CENTRAL,CONN-BRADLEY	$99,270
60646813	ST. FRANCIS HOSPITAL,& MEDICAL CENTER	$86,482
60646718	MIDDLESEX HOSP,	$70,374
60646768	NEW BRITAIN GENERAL,HOSPITAL	$66,506
60646597	DANBURY HOSP,	$60,697
60646715	MIDSTATE MEDICAL CEN,TER	$52,227
61483728	PHYSICIANS FOR WOMEN,'S HE	$51,162
60653151	ROCKVILLE GENERAL,HOSPITAL	$48,903
60646768	NEW BRITAIN GENERAL,HOSPITAL	$48,672
60646741	MILFORD HOSPITAL,	$48,467
66000798	UCONN/JOHN DEMPSEY,HOSPITAL	$43,878
60646710	MANCHESTER MEMORIAL,HOSPITAL	$40,893
66068853	NORWALK HOSPITAL,	$40,807
60646886	ST VINCENT'S MEDICAL,CENTER	$36,142
	Top Twenty Providers Total	**$1,685,896**

Based on Claims Paid as of 11/30/2007

CSUS-0315
Addendum #2
December 27, 2007

Exhibit E
Top 50 Prescription Drugs List

CONNECTICUT STATE UNIVERSITY SYSTEM

2005/2006 Policy Year

TOP FIFTY PRESCRIPTION DRUGS

Drug Name	Drug Description	Generic/Brand	Total Amount Paid
ORTHO	*CONTRACEPTIVES*	Brand	$99,628
ZOLOFT	*ANTIDEPRESSANTS*	Brand	$36,858
YASMIN	*CONTRACEPTIVES*	Brand	$35,855
LEXAPRO	*ANTIDEPRESSANTS*	Brand	$35,113
WELLBUTRIN	*ANTIDEPRESSANTS*	Brand	$29,865
ADVAIR	*ANTIASTHMATIC*	Brand	$27,476
VALTREX	*ANTIVIRAL*	Brand	$21,895
EFFEXOR	*ANTIDEPRESSANTS*	Brand	$21,151
NEXIUM	*ULCER DRUGS*	Brand	$19,608
SINGULAIR	*ANTIASTHMATIC*	Brand	$18,482
ADDERALL	*STIMULANTS/ANTI-OBESITY/ANOREXIANTS*	Brand	$17,794
ZYRTEC	*ANTIHISTAMINES*	Brand	$14,134
AZITHROMYCIN	*MACROLIDE ANTIBIOTICS*	Generic	$13,716
LAMICTAL	*ANTICONVULSANT*	Brand	$13,099
TOPAMAX	*ANTICONVULSANT*	Brand	$13,006
AMBIEN	*HYPNOTICS*	Brand	$12,040
LEVAQUIN	*FLUOROQUINOLONES*	Brand	$11,310
CONCERTA	*STIMULANTS/ANTI-OBESITY/ANOREXIANTS*	Brand	$11,071
FEXOFENADINE	*ANTIHISTAMINES*	Generic	$11,040
PREVACID	*ULCER DRUGS*	Brand	$10,464
AMNESTEEM	*DERMATOLOGICAL*	Generic	$10,183
LIPITOR	*ANTIHYPERLIPIDEMIC*	Brand	$9,912
KARIVA	*CONTRACEPTIVES*	Generic	$9,729
ALDARA	*DERMATOLOGICAL*	Brand	$9,573
TRI-SPRINTEC	*CONTRACEPTIVES*	Generic	$9,385
ESTROSTEP	*CONTRACEPTIVES*	Brand	$8,843
SEASONALE	*CONTRACEPTIVES*	Brand	$8,415
TRINESSA	*CONTRACEPTIVES*	Generic	$8,383
DIFFERIN	*DERMATOLOGICAL*	Brand	$8,141
OVCON-35	*CONTRACEPTIVES*	Brand	$8,065
MINOCYCLINE	*TETRACYCLINES*	Generic	$7,835

Based on Claims Paid as of 11/30/2007

CONNECTICUT STATE UNIVERSITY SYSTEM

2005/2006 Policy Year

TOP FIFTY PRESCRIPTION DRUGS

ASACOL	*MISC. GI*	Brand	$7,765
IMITREX	*MIGRAINE PRODUCTS*	Brand	$7,753
ABILIFY	*ANTIPSYCHOTICS*	Brand	$7,511
BENZACLIN	*DERMATOLOGICAL*	Brand	$7,509
DEPAKOTE	*ANTICONVULSANT*	Brand	$7,197
AMPHETAMINE	*STIMULANTS/ANTI-OBESITY/ANOREXIANTS*	Generic	$6,877
NASONEX	*SYSTEMIC AND TOPICAL NASAL PRODUCTS*	Brand	$6,877
CLARINEX	*ANTIHISTAMINES*	Brand	$6,846
PAXIL	*ANTIDEPRESSANTS*	Brand	$6,682
NUVARING	*CONTRACEPTIVES*	Brand	$6,457
LOW-OGESTREL	*CONTRACEPTIVES*	Generic	$6,437
SEROQUEL	*ANTIPSYCHOTICS*	Brand	$6,320
ALLEGRA-D	*COUGH/COLD/ALLERGY*	Brand	$6,153
AMOX/K	*PENICILLINS*	Generic	$5,942
DUAC	*DERMATOLOGICAL*	Brand	$5,363
ORTHO-CYCLEN	*CONTRACEPTIVES*	Brand	$5,344
PROTONIX	*ULCER DRUGS*	Brand	$5,332
LAMISIL	*ANTIFUNGALS*	Brand	$5,210
NOVOLOG	*ANTIDIABETIC*	Brand	$5,084
Total			**$694,728**

Based on Claims Paid as of 11/30/2007

CONNECTICUT STATE UNIVERSITY SYSTEM

2006/2007 Policy Year

TOP FIFTY PRESCRIPTION DRUGS

Drug Name	Drug Description	Generic/Brand	Total Amount Paid
ORTHO	*CONTRACEPTIVES*	Brand	$130,892
YASMIN	*CONTRACEPTIVES*	Brand	$56,395
LEXAPRO	*ANTIDEPRESSANTS*	Brand	$44,917
VALTREX	*ANTIVIRAL*	Brand	$34,553
ADVAIR	*ANTIASTHMATIC*	Brand	$33,705
EFFEXOR	*ANTIDEPRESSANTS*	Brand	$30,731
WELLBUTRIN	*ANTIDEPRESSANTS*	Brand	$25,190
SINGULAIR	*ANTIASTHMATIC*	Brand	$24,125
NEXIUM	*ULCER DRUGS*	Brand	$23,379
ADDERALL	*STIMULANTS/ANTI-OBESITY/ANOREXIANTS*	Brand	$21,816
SERTRALINE	*ANTIDEPRESSANTS*	Generic	$21,092
LAMICTAL	*ANTICONVULSANT*	Brand	$20,984
ZYRTEC	*ANTIHISTAMINES*	Brand	$20,873
AMBIEN	*HYPNOTICS*	Brand	$18,325
AZITHROMYCIN	*MACROLIDE ANTIBIOTICS*	Generic	$16,832
NUVARING	*CONTRACEPTIVES*	Brand	$16,370
YAZ	*CONTRACEPTIVES*	Brand	$16,002
LOESTRIN	*CONTRACEPTIVES*	Brand	$15,116
ALDARA	*DERMATOLOGICAL*	Brand	$14,896
TRI-SPRINTEC	*CONTRACEPTIVES*	Generic	$14,298
CYMBALTA	*ANTIDEPRESSANTS*	Brand	$14,250
ESTROSTEP	*CONTRACEPTIVES*	Brand	$13,283
IMITREX	*MIGRAINE PRODUCTS*	Brand	$12,844
TOPAMAX	*ANTICONVULSANT*	Brand	$12,780
CONCERTA	*STIMULANTS/ANTI-OBESITY/ANOREXIANTS*	Brand	$11,643
NASONEX	*SYSTEMIC AND TOPICAL NASAL PRODUCTS*	Brand	$11,585
PREVACID	*ULCER DRUGS*	Brand	$11,385
BUDEPRION	*ANTIDEPRESSANTS*	Generic	$11,338
KARIVA	*CONTRACEPTIVES*	Generic	$11,177
BENZACLIN	*DERMATOLOGICAL*	Brand	$11,086
LEVAQUIN	*FLUOROQUINOLONES*	Brand	$10,682
LAMISIL	*ANTIFUNGALS*	Brand	$10,641

Based on Claims Paid as of 11/30/2007

CONNECTICUT STATE UNIVERSITY SYSTEM

2006/2007 Policy Year

TOP FIFTY PRESCRIPTION DRUGS

PAXIL	*ANTIDEPRESSANTS*	Brand	$10,603
SEROQUEL	*ANTIPSYCHOTICS*	Brand	$10,460
DUAC	*DERMATOLOGICAL*	Brand	$10,458
TRINESSA	*CONTRACEPTIVES*	Generic	$10,375
RISPERDAL	*ANTIPSYCHOTICS*	Brand	$9,232
ALLEGRA-D	*COUGH/COLD/ALLERGY*	Brand	$8,999
DIFFERIN	*DERMATOLOGICAL*	Brand	$8,464
PROTONIX	*ULCER DRUGS*	Brand	$8,252
LIPITOR	*ANTIHYPERLIPIDEMIC*	Brand	$8,221
SEASONALE	*CONTRACEPTIVES*	Brand	$8,134
ASACOL	*MISC. GI*	Brand	$8,025
CLARINEX	*ANTIHISTAMINES*	Brand	$7,925
DORYX	*TETRACYCLINES*	Brand	$7,728
ABILIFY	*ANTIPSYCHOTICS*	Brand	$7,676
FEXOFENADINE	*ANTIHISTAMINES*	Generic	$7,431
MINOCYCLINE	*TETRACYCLINES*	Generic	$7,254
SOLODYN	*TETRACYCLINES*	Brand	$7,085
AVIANE	*CONTRACEPTIVES*	Generic	$6,783
Total			**$896,289**

Based on Claims Paid as of 11/30/2007

CONNECTICUT STATE UNIVERSITY SYSTEM

2007/2008 Policy Year

TOP FIFTY PRESCRIPTION DRUGS

Drug Name	Drug Description	Generic/Brand	Total Amount Paid
ORTHO	*CONTRACEPTIVES*	Brand	$26,454
YASMIN	*CONTRACEPTIVES*	Brand	$13,550
LEXAPRO	*ANTIDEPRESSANTS*	Brand	$13,283
LAMICTAL	*ANTICONVULSANT*	Brand	$11,302
VALTREX	*ANTIVIRAL*	Brand	$9,838
YAZ	*CONTRACEPTIVES*	Brand	$9,261
EFFEXOR	*ANTIDEPRESSANTS*	Brand	$9,207
ADVAIR	*ANTIASTHMATIC*	Brand	$6,840
ABILIFY	*ANTIPSYCHOTICS*	Brand	$6,686
ZYRTEC	*ANTIHISTAMINES*	Brand	$6,427
SINGULAIR	*ANTIASTHMATIC*	Brand	$6,412
NEXIUM	*ULCER DRUGS*	Brand	$5,781
ADDERALL	*STIMULANTS/ANTI-OBESITY/ANOREXIANTS*	Brand	$5,152
LOESTRIN	*CONTRACEPTIVES*	Brand	$4,873
NUVARING	*CONTRACEPTIVES*	Brand	$4,765
SEROQUEL	*ANTIPSYCHOTICS*	Brand	$4,434
ALDARA	*DERMATOLOGICAL*	Brand	$4,355
CONCERTA	*STIMULANTS/ANTI-OBESITY/ANOREXIANTS*	Brand	$4,205
TOPAMAX	*ANTICONVULSANT*	Brand	$4,129
TRI-SPRINTEC	*CONTRACEPTIVES*	Generic	$3,999
AZITHROMYCIN	*MACROLIDE ANTIBIOTICS*	Generic	$3,759
BUDEPRION	*ANTIDEPRESSANTS*	Generic	$3,713
WELLBUTRIN	*ANTIDEPRESSANTS*	Brand	$3,395
DUAC	*DERMATOLOGICAL*	Brand	$3,386
NASONEX	*SYSTEMIC AND TOPICAL NASAL PRODUCTS*	Brand	$3,244
CYMBALTA	*ANTIDEPRESSANTS*	Brand	$3,175
IMITREX	*MIGRAINE PRODUCTS*	Brand	$2,915
TRINESSA	*CONTRACEPTIVES*	Generic	$2,912
PREVACID	*ULCER DRUGS*	Brand	$2,761
ALLEGRA-D	*COUGH/COLD/ALLERGY*	Brand	$2,505
ESTROSTEP	*CONTRACEPTIVES*	Brand	$2,395
LEVAQUIN	*FLUOROQUINOLONES*	Brand	$2,345

Based on Claims Paid as of 11/30/2007

CONNECTICUT STATE UNIVERSITY SYSTEM

2007/2008 Policy Year

TOP FIFTY PRESCRIPTION DRUGS

DIFFERIN	*DERMATOLOGICAL*	Brand	$2,321
BENZACLIN	*DERMATOLOGICAL*	Brand	$2,315
PAXIL	*ANTIDEPRESSANTS*	Brand	$2,258
PROTONIX	*ULCER DRUGS*	Brand	$2,231
KARIVA	*CONTRACEPTIVES*	Generic	$2,212
AMBIEN	*HYPNOTICS*	Brand	$2,193
ATRIPLA	*ANTIVIRAL*	Brand	$2,000
CLARINEX	*ANTIHISTAMINES*	Brand	$1,974
RISPERDAL	*ANTIPSYCHOTICS*	Brand	$1,935
MICROGESTIN	*CONTRACEPTIVES*	Generic	$1,830
SERTRALINE	*ANTIDEPRESSANTS*	Generic	$1,802
KEPPRA	*ANTICONVULSANT*	Brand	$1,742
LUNESTA	*HYPNOTICS*	Brand	$1,729
PROVIGIL	*STIMULANTS/ANTI-OBESITY/ANOREXIANTS*	Brand	$1,694
SUBOXONE	*ANALGESICS - Narcotic*	Brand	$1,677
LOW-OGESTREL	*CONTRACEPTIVES*	Generic	$1,674
AMPHETAMINE	*STIMULANTS/ANTI-OBESITY/ANOREXIANTS*	Generic	$1,659
STRATTERA	*STIMULANTS/ANTI-OBESITY/ANOREXIANTS*	Brand	$1,645
Total			**$232,349**

Based on Claims Paid as of 11/30/2007

CSUS-0315
Addendum #2
December 27, 2007

Exhibit F
High Dollar Claim Report

CONNECTICUT STATE UNIVERSITY SYSTEM

High Dollar Claims
REPORT

Year	Claimant	ICD9 Code	Date Of Service	Total Billed Charge	Total Benefit Amount	Re-Enrolled?
05/06	Claimant 1	59010	2/28/2006	$511	$302	Re-enrolled
05/06	Claimant 1	5990	2/28/2006	$14,635	$10,001	Re-enrolled
05/06	Claimant 2	72210	3/10/2006	$4,206	$1,154	Re-enrolled
05/06	Claimant 2	72402	3/7/2006	$146	$22	Re-enrolled
05/06	Claimant 2	7242	3/10/2006	$2,371	$1,006	Re-enrolled
05/06	Claimant 2	7243	5/2/2006	$20,060	$7,819	Re-enrolled
05/06	Claimant 2	7244	3/4/2006	$772	$499	Re-enrolled
05/06	Claimant 3	5741	5/31/2006	$15,233	$10,958	Not re-enrolled
05/06	Claimant 3	57420	5/31/2006	$193	$49	Not re-enrolled
05/06	Claimant 3	78901	5/31/2006	$181	$62	Not re-enrolled
05/06	Claimant 4	01123	12/7/2005	$25,739	$10,037	Re-enrolled
05/06	Claimant 4	01190	12/7/2005	$1,630	$1,034	Re-enrolled
05/06	Claimant 5	7149	4/25/2006	$100	$71	Re-enrolled
05/06	Claimant 5	71690	12/5/2005	$205	$60	Re-enrolled
05/06	Claimant 5	7202	12/3/2005	$26,595	$10,423	Re-enrolled
05/06	Claimant 5	7209	1/9/2006	$1,296	$621	Re-enrolled
05/06	Claimant 5	72190	12/6/2005	$634	$224	Re-enrolled
05/06	Claimant 5	7245	12/4/2005	$1,116	$306	Re-enrolled
05/06	Claimant 6	86509	3/12/2006	$1,149	$748	Re-enrolled
05/06	Claimant 6	86513	3/11/2006	$36,317	$11,005	Re-enrolled
05/06	Claimant 7	9100	4/17/2006	$22,400	$12,320	Not re-enrolled
05/06	Claimant 7	9140	12/17/2005	$1,504	$425	Not re-enrolled
05/06	Claimant 8	71881	4/5/2006	$7,142	$7,142	Not re-enrolled
05/06	Claimant 8	71941	3/7/2006	$1,017	$937	Not re-enrolled
05/06	Claimant 8	8408	4/5/2006	$1,740	$834	Not re-enrolled
05/06	Claimant 8	V5849	4/5/2006	$9,400	$3,893	Not re-enrolled
05/06	Claimant 9	64003	1/24/2006	$815	$254	Not re-enrolled
05/06	Claimant 9	64113	5/10/2006	$1,466	$0	Not re-enrolled
05/06	Claimant 9	64193	5/11/2006	$8,999	$4,399	Not re-enrolled
05/06	Claimant 9	64603	3/14/2006	$166	$0	Not re-enrolled
05/06	Claimant 9	64893	2/6/2006	$450	$29	Not re-enrolled
05/06	Claimant 9	650	12/2/2005	$4,054	$644	Not re-enrolled
05/06	Claimant 9	65403	1/24/2006	$475	$403	Not re-enrolled
05/06	Claimant 9	65463	3/9/2006	$250	$0	Not re-enrolled
05/06	Claimant 9	65513	12/13/2005	$436	$169	Not re-enrolled
05/06	Claimant 9	66021	6/16/2006	$12,626	$3,958	Not re-enrolled
05/06	Claimant 9	66971	6/16/2006	$6,168	$3,000	Not re-enrolled
05/06	Claimant 10	5839	5/26/2006	$25,146	$12,230	Re-enrolled
05/06	Claimant 10	5849	5/26/2006	$1,425	$694	Re-enrolled
05/06	Claimant 10	5997	5/26/2006	$582	$279	Re-enrolled
05/06	Claimant 11	1129	8/22/2005	$10	$0	Re-enrolled
05/06	Claimant 11	6149	8/1/2005	$31,214	$12,114	Re-enrolled
05/06	Claimant 11	6202	8/3/2005	$1,686	$1,379	Re-enrolled
05/06	Claimant 11	6259	8/3/2005	$248	$146	Re-enrolled

Based on Claims Paid as of 11/30/2007

CONNECTICUT STATE UNIVERSITY SYSTEM

High Dollar Claims
REPORT

Year	Claimant	ICD9 Code	Date Of Service	Total Billed Charge	Total Benefit Amount	Re-Enrolled?
05/06	Claimant 12	3562	1/18/2006	$575	$410	Re-enrolled
05/06	Claimant 12	7098	10/11/2005	$625	$362	Re-enrolled
05/06	Claimant 12	71697	5/18/2006	$125	$60	Re-enrolled
05/06	Claimant 12	71847	5/15/2006	$193	$49	Re-enrolled
05/06	Claimant 12	71944	5/26/2006	$48	$1	Re-enrolled
05/06	Claimant 12	71947	6/12/2006	$73	$11	Re-enrolled
05/06	Claimant 12	72706	1/18/2006	$700	$318	Re-enrolled
05/06	Claimant 12	7295	2/25/2006	$192	$97	Re-enrolled
05/06	Claimant 12	73382	6/2/2006	$14,050	$2,223	Re-enrolled
05/06	Claimant 12	7339	6/19/2006	$802	$0	Re-enrolled
05/06	Claimant 12	73673	6/2/2006	$20,402	$8,118	Re-enrolled
05/06	Claimant 12	75459	5/15/2006	$200	$135	Re-enrolled
05/06	Claimant 12	75471	5/24/2006	$350	$0	Re-enrolled
05/06	Claimant 12	82525	12/27/2005	$1,930	$1,113	Re-enrolled
05/06	Claimant 12	8820	5/26/2006	$1,273	$465	Re-enrolled
05/06	Claimant 12	V725	6/12/2006	$536	$428	Re-enrolled
05/06	Claimant 12	V726	6/2/2006	$206	$46	Re-enrolled
05/06	Claimant 13	7803	7/19/2006	$145	$118	Re-enrolled
05/06	Claimant 13	78039	6/14/2006	$43,879	$13,889	Re-enrolled
05/06	Claimant 13	7806	6/14/2006	$700	$282	Re-enrolled
05/06	Claimant 13	78600	6/14/2006	$35	$15	Re-enrolled
05/06	Claimant 13	78609	6/14/2006	$35	$5	Re-enrolled
05/06	Claimant 14	8230	2/13/2006	$1,309	$792	Not re-enrolled
05/06	Claimant 14	8232	2/11/2006	$623	$498	Not re-enrolled
05/06	Claimant 14	82320	2/16/2006	$432	$292	Not re-enrolled
05/06	Claimant 14	82322	2/11/2006	$15,780	$13,420	Not re-enrolled
05/06	Claimant 14	8240	2/13/2006	$35	$12	Not re-enrolled
05/06	Claimant 15	71945	10/1/2005	$325	$229	Re-enrolled
05/06	Claimant 15	72889	10/3/2005	$22,202	$15,567	Re-enrolled
05/06	Claimant 16	7220	4/12/2006	$47,641	$19,470	Not re-enrolled
05/06	Claimant 16	7227	4/18/2006	$869	$668	Not re-enrolled
05/06	Claimant 16	72271	4/10/2006	$1,450	$480	Not re-enrolled
05/06	Claimant 16	7231	4/2/2006	$285	$247	Not re-enrolled
05/06	Claimant 16	7291	3/31/2006	$130	$119	Not re-enrolled
05/06	Claimant 17	5770	2/7/2006	$41,674	$24,792	Re-enrolled
05/06	Claimant 18	1741	2/27/2006	$220	$210	Re-enrolled
05/06	Claimant 18	1744	2/24/2006	$19,999	$0	Re-enrolled
05/06	Claimant 18	1748	2/24/2006	$2,782	$1,255	Re-enrolled
05/06	Claimant 18	1749	2/14/2006	$64,837	$6,621	Re-enrolled
05/06	Claimant 18	2880	4/2/2006	$16,789	$12,923	Re-enrolled
05/06	Claimant 18	4151	5/3/2006	$166	$60	Re-enrolled
05/06	Claimant 18	41519	5/2/2006	$4,028	$3,203	Re-enrolled
05/06	Claimant 18	4539	5/5/2006	$86	$0	Re-enrolled
05/06	Claimant 18	61172	1/19/2006	$198	$129	Re-enrolled

Based on Claims Paid as of 11/30/2007

CONNECTICUT STATE UNIVERSITY SYSTEM

High Dollar Claims
REPORT

Year	Claimant	ICD9 Code	Date Of Service	Total Billed Charge	Total Benefit Amount	Re-Enrolled?
05/06	Claimant 18	7194	5/2/2006	$315	$75	Re-enrolled
05/06	Claimant 18	V5721	5/26/2006	$704	$507	Re-enrolled
05/06	Claimant 18	V588	4/4/2006	$22	$18	Re-enrolled
05/06	Claimant 19	20500	10/10/2005	$202,568	$24,389	Not re-enrolled
05/06	Claimant 19	20501	11/11/2005	$792	$320	Not re-enrolled
05/06	Claimant 19	20580	10/10/2005	$1,030	$228	Not re-enrolled
05/06	Claimant 19	20800	10/9/2005	$3,326	$0	Not re-enrolled
05/06	Claimant 19	20890	10/10/2005	$385	$319	Not re-enrolled
05/06	Claimant 19	5180	10/31/2005	$221	$91	Not re-enrolled
05/06	Claimant 19	7806	10/10/2005	$41	$24	Not re-enrolled
05/06	Claimant 19	V5881	10/11/2005	$76	$21	Not re-enrolled
05/06	Claimant 20	3940	6/22/2006	$321	$75	Re-enrolled
05/06	Claimant 20	39891	6/21/2006	$44,542	$27,607	Re-enrolled
05/06	Claimant 20	4240	6/21/2006	$477	$98	Re-enrolled
05/06	Claimant 20	4280	5/8/2006	$111	$15	Re-enrolled
06/07	Claimant 1	72210	3/7/2007	$27,597	$6,937	Not re-enrolled
06/07	Claimant 1	72252	3/7/2007	$150	$29	Not re-enrolled
06/07	Claimant 1	72273	3/7/2007	$1,785	$657	Not re-enrolled
06/07	Claimant 1	7242	9/1/2006	$1,785	$933	Not re-enrolled
06/07	Claimant 1	7243	8/8/2006	$1,275	$741	Not re-enrolled
06/07	Claimant 1	7244	9/15/2006	$1,699	$1,398	Not re-enrolled
06/07	Claimant 2	8442	10/19/2006	$23,300	$11,001	Not re-enrolled
06/07	Claimant 2	8449	10/16/2006	$323	$242	Not re-enrolled
06/07	Claimant 3	64403	11/27/2006	$995	$595	Re-enrolled
06/07	Claimant 3	64894	3/1/2007	$120	$34	Re-enrolled
06/07	Claimant 3	650	8/24/2006	$7,040	$5,358	Re-enrolled
06/07	Claimant 3	66421	2/28/2007	$6,757	$5,401	Re-enrolled
06/07	Claimant 4	7865	2/6/2007	$45	$12	Re-enrolled
06/07	Claimant 4	8250	2/6/2007	$22,798	$11,186	Re-enrolled
06/07	Claimant 4	8251	2/8/2007	$460	$368	Re-enrolled
06/07	Claimant 5	72210	9/27/2006	$16,467	$7,480	Re-enrolled
06/07	Claimant 5	7222	5/8/2007	$43	$8	Re-enrolled
06/07	Claimant 5	7242	10/9/2006	$2,000	$1,732	Re-enrolled
06/07	Claimant 5	7244	11/1/2006	$6,689	$2,800	Re-enrolled
06/07	Claimant 6	71783	4/20/2007	$1,870	$1,260	Not re-enrolled
06/07	Claimant 6	8442	3/20/2007	$22,120	$10,683	Not re-enrolled
06/07	Claimant 6	8449	3/4/2007	$140	$98	Not re-enrolled
06/07	Claimant 6	V7284	4/13/2007	$350	$342	Not re-enrolled
06/07	Claimant 7	71946	8/23/2006	$640	$512	Re-enrolled
06/07	Claimant 7	8360	8/11/2006	$20,152	$11,230	Re-enrolled
06/07	Claimant 7	8362	8/11/2006	$1,090	$880	Re-enrolled
06/07	Claimant 8	5550	12/28/2006	$4,507	$2,918	Re-enrolled
06/07	Claimant 8	5552	12/28/2006	$23,605	$7,389	Re-enrolled
06/07	Claimant 8	5559	11/1/2006	$4,735	$2,416	Re-enrolled

Based on Claims Paid as of 11/30/2007

CONNECTICUT STATE UNIVERSITY SYSTEM

High Dollar Claims
REPORT

Year	Claimant	ICD9 Code	Date Of Service	Total Billed Charge	Total Benefit Amount	Re-Enrolled?
06/07	Claimant 8	5589	1/17/2007	$87	$41	Re-enrolled
06/07	Claimant 8	566	4/23/2007	$4,056	$343	Re-enrolled
06/07	Claimant 9	29590	6/19/2007	$15,228	$6,700	Not re-enrolled
06/07	Claimant 9	2967	7/14/2007	$9,564	$4,355	Not re-enrolled
06/07	Claimant 9	2989	6/19/2007	$1,909	$921	Not re-enrolled
06/07	Claimant 9	3000	11/18/2006	$680	$290	Not re-enrolled
06/07	Claimant 9	30002	7/23/2007	$175	$70	Not re-enrolled
06/07	Claimant 9	30924	7/14/2007	$813	$360	Not re-enrolled
06/07	Claimant 9	3129	6/19/2007	$1,319	$634	Not re-enrolled
06/07	Claimant 10	28260	5/17/2007	$690	$240	Re-enrolled
06/07	Claimant 10	28262	5/2/2007	$32,287	$12,825	Re-enrolled
06/07	Claimant 10	2859	1/23/2007	$3,298	$501	Re-enrolled
06/07	Claimant 11	8442	5/11/2007	$23,570	$13,241	Not re-enrolled
06/07	Claimant 11	8449	5/10/2007	$972	$894	Not re-enrolled
06/07	Claimant 11	V7284	5/29/2007	$199	$193	Not re-enrolled
06/07	Claimant 12	8442	5/14/2007	$32,140	$14,756	Not re-enrolled
06/07	Claimant 12	8449	5/13/2007	$925	$555	Not re-enrolled
06/07	Claimant 13	82320	3/13/2007	$2,197	$1,258	Re-enrolled
06/07	Claimant 13	82322	3/12/2007	$32,904	$13,757	Re-enrolled
06/07	Claimant 13	82382	3/11/2007	$160	$142	Re-enrolled
06/07	Claimant 13	8290	3/11/2007	$618	$618	Re-enrolled
06/07	Claimant 14	5770	5/7/2007	$23,967	$16,000	Re-enrolled
06/07	Claimant 14	5771	5/12/2007	$178	$108	Re-enrolled
06/07	Claimant 15	7812	7/11/2007	$292	$292	Not re-enrolled
06/07	Claimant 15	8230	5/21/2007	$17,657	$2,308	Not re-enrolled
06/07	Claimant 15	82300	5/9/2007	$22,047	$10,278	Not re-enrolled
06/07	Claimant 15	82380	5/14/2007	$2,850	$1,931	Not re-enrolled
06/07	Claimant 15	8290	5/9/2007	$526	$526	Not re-enrolled
06/07	Claimant 15	V5416	6/2/2007	$1,460	$968	Not re-enrolled
06/07	Claimant 16	29630	5/1/2007	$21,650	$13,003	Re-enrolled
06/07	Claimant 16	2980	5/1/2007	$1,476	$1,476	Re-enrolled
06/07	Claimant 16	30590	4/30/2007	$2,374	$1,500	Re-enrolled
06/07	Claimant 16	311	4/30/2007	$512	$512	Re-enrolled
06/07	Claimant 17	71946	8/19/2006	$250	$75	Re-enrolled
06/07	Claimant 17	72665	1/8/2007	$80	$70	Re-enrolled
06/07	Claimant 17	823	8/19/2006	$1,370	$1,290	Re-enrolled
06/07	Claimant 17	82320	8/20/2006	$3,334	$1,434	Re-enrolled
06/07	Claimant 17	82382	8/19/2006	$26,728	$12,721	Re-enrolled
06/07	Claimant 17	9597	8/19/2006	$924	$924	Re-enrolled
06/07	Claimant 17	99859	9/19/2006	$335	$314	Re-enrolled
06/07	Claimant 18	57410	10/15/2006	$26,420	$16,264	Re-enrolled
06/07	Claimant 18	57420	10/15/2006	$2,163	$576	Re-enrolled
06/07	Claimant 18	57450	10/17/2006	$2,200	$1,712	Re-enrolled
06/07	Claimant 19	70583	8/7/2006	$39,863	$18,801	Not re-enrolled

Based on Claims Paid as of 11/30/2007

CONNECTICUT STATE UNIVERSITY SYSTEM

High Dollar Claims
REPORT

Year	Claimant	ICD9 Code	Date Of Service	Total Billed Charge	Total Benefit Amount	Re-Enrolled?
06/07	Claimant 19	7061	1/8/2007	$240	$121	Not re-enrolled
06/07	Claimant 20	8910	7/15/2007	$43,867	$18,937	Re-enrolled
06/07	Claimant 21	1830	10/25/2006	$3,168	$2,765	Re-enrolled
06/07	Claimant 21	2362	10/24/2006	$35,061	$15,162	Re-enrolled
06/07	Claimant 21	78900	9/11/2006	$5,172	$1,654	Re-enrolled
06/07	Claimant 21	7893	10/3/2006	$245	$215	Re-enrolled
06/07	Claimant 21	78930	10/2/2006	$4,469	$614	Re-enrolled
06/07	Claimant 21	78939	10/9/2006	$864	$308	Re-enrolled
06/07	Claimant 22	262	1/31/2007	$1,050	$180	Re-enrolled
06/07	Claimant 22	2639	2/1/2007	$1,250	$300	Re-enrolled
06/07	Claimant 22	5552	12/17/2006	$1,175	$480	Re-enrolled
06/07	Claimant 22	5559	9/28/2006	$27,057	$7,834	Re-enrolled
06/07	Claimant 22	5561	2/5/2007	$558	$282	Re-enrolled
06/07	Claimant 22	567	12/16/2006	$704	$423	Re-enrolled
06/07	Claimant 22	5672	12/20/2006	$4,194	$389	Re-enrolled
06/07	Claimant 22	56722	1/21/2007	$4,600	$109	Re-enrolled
06/07	Claimant 22	56981	1/30/2007	$77,752	$14,023	Re-enrolled
06/07	Claimant 22	56989	12/21/2006	$455	$122	Re-enrolled
06/07	Claimant 22	5699	1/30/2007	$575	$92	Re-enrolled
06/07	Claimant 22	57420	9/28/2006	$1,526	$410	Re-enrolled
06/07	Claimant 23	2554	5/10/2007	$473	$376	Not re-enrolled
06/07	Claimant 23	36900	5/6/2007	$2,204	$1,345	Not re-enrolled
06/07	Claimant 23	5185	4/29/2007	$1,350	$135	Not re-enrolled
06/07	Claimant 23	73313	5/17/2007	$4,482	$3,249	Not re-enrolled
06/07	Claimant 23	78659	5/2/2007	$3,545	$2,163	Not re-enrolled
06/07	Claimant 23	7867	4/29/2007	$504	$397	Not re-enrolled
06/07	Claimant 23	79091	5/2/2007	$524	$82	Not re-enrolled
06/07	Claimant 23	80500	5/18/2007	$220	$139	Not re-enrolled
06/07	Claimant 23	80507	5/11/2007	$27,333	$10,606	Not re-enrolled
06/07	Claimant 23	80508	5/23/2007	$3,807	$1,176	Not re-enrolled
06/07	Claimant 23	83906	5/22/2007	$2,241	$1,905	Not re-enrolled
06/07	Claimant 23	85011	4/28/2007	$675	$442	Not re-enrolled
06/07	Claimant 23	86801	5/1/2007	$205	$173	Not re-enrolled
06/07	Claimant 23	920	5/6/2007	$338	$310	Not re-enrolled
06/07	Claimant 23	959	5/11/2007	$1,634	$1,389	Not re-enrolled
06/07	Claimant 23	9594	5/8/2007	$538	$324	Not re-enrolled
06/07	Claimant 23	9599	4/28/2007	$1,082	$669	Not re-enrolled
06/07	Claimant 23	V6700	6/7/2007	$132	$80	Not re-enrolled
06/07	Claimant 23	V6709	5/23/2007	$41	$41	Not re-enrolled
06/07	Claimant 24	7123	11/22/2006	$520	$206	Not re-enrolled
06/07	Claimant 24	71231	11/22/2006	$135	$60	Not re-enrolled
06/07	Claimant 24	7213	11/1/2006	$56,013	$24,604	Not re-enrolled
06/07	Claimant 24	72210	10/11/2006	$270	$104	Not re-enrolled
06/07	Claimant 24	7242	9/20/2006	$340	$126	Not re-enrolled

Based on Claims Paid as of 11/30/2007

CONNECTICUT STATE UNIVERSITY SYSTEM

High Dollar Claims
REPORT

Year	Claimant	ICD9 Code	Date Of Service	Total Billed Charge	Total Benefit Amount	Re-Enrolled?
06/07	Claimant 24	7249	12/6/2006	$71	$4	Not re-enrolled
06/07	Claimant 25	32723	5/17/2007	$4,264	$1,614	Not re-enrolled
06/07	Claimant 25	3419	7/14/2007	$1,335	$660	Not re-enrolled
06/07	Claimant 25	3570	7/13/2007	$79,531	$22,818	Not re-enrolled
06/07	Claimant 25	72887	7/13/2007	$500	$207	Not re-enrolled
07/08	Claimant 1	2776	10/14/2007	$33,078	$15,007	

Based on Claims Paid as of 11/30/2007

CSUS-0315
Addendum #2
December 27, 2007

Exhibit G
Dependent Loss Report

CONNECTICUT STATE UNIVERSITY SYSTEM - DEPENDENTS ONLY

2005/2006 Policy Year

LOSS EXPERIENCE - BREAKDOWN BY BENEFIT

	Benefit Amount Paid	% of Total
Inpatient Hospitalization Benefits (excluding Mental Health)	$10,090	6.9%
Surgical Benefits - Including OP Facility (inpatient and outpatient)	$19,496	13.3%
Outpatient Benefits	$71,647	48.9%
Mental Health and Substance Abuse		
Inpatient Mental Health	$0	0.0%
Outpatient Mental Health	$7,042	4.8%
Miscellaneous	$1,900	1.3%
Outpatient Prescription Drug	$36,398	24.8%
GRAND TOTAL	**$146,573**	**100.0%**

Based on Claims Paid as of 11/30/2007

CONNECTICUT STATE UNIVERSITY SYSTEM - DEPENDENTS ONLY

2006/2007 Policy Year

LOSS EXPERIENCE - BREAKDOWN BY BENEFIT

	Benefit Amount Paid	% of Total
Inpatient Hospitalization Benefits (excluding Mental Health)	$27,408	12.3%
Surgical Benefits - Including OP Facility (inpatient and outpatient)	$37,829	17.0%
Outpatient Benefits	$96,347	43.2%
Mental Health and Substance Abuse		
Inpatient Mental Health	$0	0.0%
Outpatient Mental Health	$8,420	3.8%
Miscellaneous	$3,313	1.5%
Outpatient Prescription Drug	$49,787	22.3%
GRAND TOTAL	**$223,105**	**100.0%**

Based on Claims Paid as of 11/30/2007

CONNECTICUT STATE UNIVERSITY SYSTEM - DEPENDENTS ONLY

2007/2008 Policy Year

LOSS EXPERIENCE - BREAKDOWN BY BENEFIT

	Benefit Amount Paid	% of Total
Inpatient Hospitalization Benefits (excluding Mental Health)	$0	0.0%
Surgical Benefits - Including OP Facility (inpatient and outpatient)	$7,124	18.0%
Outpatient Benefits	$15,156	38.2%
Mental Health and Substance Abuse		
Inpatient Mental Health	$0	0.0%
Outpatient Mental Health	$2,308	5.8%
Miscellaneous	$103	0.3%
Outpatient Prescription Drug	$14,983	37.8%
GRAND TOTAL	**$39,673**	**100.0%**

Based on Claims Paid as of 11/30/2007

CSUS-0315
Addendum #2
December 27, 2007

Exhibit H
Claims Paid by Campus Report

CONNECTICUT STATE UNIVERSITY SYSTEM

PAID CLAIMS BY CAMPUS WITH CLAIMANT COUNTS

2005 - 2006 POLICY YEAR

(Excludes Prescription Drug)

Campus Name	Program Name	Accident Or Sickness	Total Amount Charged	Total Amount Paid	Number Of Student Claimants	Number Of Spouse Claimants	Number Of Child Claimants	Total Number Of Claimants
Central Connecticut State University	Basic Accident & Sickness	Accident	$315,397	$148,474	192	4	3	199
		Sickness	$1,630,966	$822,046	2,262	24	46	2,332
	Early Basic Accident & Sickness	Sickness	$4,934	$2,922	12	-	-	12
	English Language Institute	Sickness	$47,226	$15,416	33	-	-	33
	Mandatory Accident	Accident	$34,670	$15,031	31	-	-	31
	International Plan	Accident	$2,718	$1,920	2	-	-	2
		Sickness	$420	$200	3	-	-	3
	Part Time Basic	Accident	$10,982	$6,988	14	2	1	17
		Sickness	$171,858	$88,493	205	13	22	240
	Total		$2,219,173	$1,101,490	2,754	43	72	2,869
Eastern Connecticut State University	Basic Accident & Sickness	Accident	$85,858	$56,103	93	-	1	94
		Sickness	$631,768	$348,359	878	20	20	918
	International Plan	Accident	$2,990	$1,658	1	-	-	1
		Sickness	$60,381	$34,589	11	-	-	11
	Mandatory Accident	Accident	$38,090	$13,829	30	-	-	30
	Part Time Basic	Accident	$2,959	$1,578	1	-	2	3
		Sickness	$39,824	$25,046	41	-	14	55
	Total		$861,870	$481,162	1,055	20	37	1,112
Southern Connecticut State University	Basic Accident & Sickness	Accident	$314,041	$138,600	223	-	-	223
		Sickness	$3,090,785	$1,404,707	3,174	8	30	3,212
	Mandatory Accident	Accident	$122,003	$51,410	32	-	-	32
	Part Time Basic	Accident	$2,066	$1,191	3	-	-	3
		Sickness	$102,989	$50,647	128	6	8	142
	Total		$3,631,884	$1,646,555	3,560	14	38	3,612
Western Connecticut State University	Basic Accident & Sickness	Accident	$191,281	$84,258	113	3	1	117
		Sickness	$1,198,036	$560,991	1,280	25	41	1,346
	Mandatory Accident	Accident	$23,976	$7,816	18	-	-	18
	International Plan	Accident	$4,226	$3,133	5	-	-	5
		Sickness	$34,461	$16,187	31	-	-	31
	Part Time Basic	Accident	$14,012	$4,048	5	-	1	6
		Sickness	$124,712	$66,877	115	9	16	140
	Total		$1,590,705	$743,310	1,567	37	59	1,663
	Grand Total		$8,303,631	$3,972,517	8,936	114	206	9,256

Based on Claims Paid as of 11/30/2007

CONNECTICUT STATE UNIVERSITY SYSTEM

PAID CLAIMS BY CAMPUS WITH CLAIMANT COUNTS

2006 - 2007 POLICY YEAR

(Excludes Prescription Drug)

Campus Name	Program Name	Accident Or Sickness	Total Amount Charged	Total Amount Paid	Number Of Student Claimants	Number Of Spouse Claimants	Number Of Child Claimants	Total Number Of Claimants
Central Connecticut State University	Basic Accident & Sickness	Accident	$489,239	$241,216	271	4	1	276
		Sickness	$2,401,735	$1,222,640	2,843	33	40	2,916
	English Language Institute	Sickness	$14,667	$6,392	19	-	-	19
		Accident	$1,731	$1,302	2	-	-	2
	Mandatory Accident	Accident	$71,230	$42,853	35	-	-	35
	International Plan	Accident	$11,844	$8,826	2	-	-	2
		Sickness	$2,227	$1,366	3	-	-	3
	Part Time Basic	Accident	$64,783	$16,532	19	2	1	22
		Sickness	$411,803	$196,696	347	12	44	403
	Part Time International	Sickness	$165	$16	1	-	-	1
	Total		$3,469,423	$1,737,840	3,542	51	86	3,679
Eastern Connecticut State University	Basic Accident & Sickness	Accident	$140,516	$71,319	86	1	-	87
		Sickness	$762,050	$399,037	950	13	12	975
	International Plan	Accident	$5,038	$3,408	2	-	-	2
		Sickness	$6,545	$4,669	12	-	-	12
	Mandatory Accident	Accident	$62,872	$18,425	30	-	-	30
	Part Time Basic	Accident	$2,538	$1,915	6	-	2	8
		Sickness	$62,366	$36,736	63	10	11	84
	Total		$1,041,926	$535,508	1,149	24	25	1,198
Southern Connecticut State University	Basic Accident & Sickness	Accident	$541,486	$275,947	230	1	3	234
		Sickness	$3,269,630	$1,540,483	3,629	45	49	3,723
	Mandatory Accident	Accident	$46,625	$8,888	16	-	-	16
	International Plan	Accident	$10,296	$8,425	6	-	-	6
		Sickness	$44,612	$24,626	60	4	-	64
	Part Time International	Sickness	$11,840	$5,073	13	3	-	16
	Part Time Basic	Accident	$16,054	$11,074	15	1	-	16
		Sickness	$133,668	$63,693	181	7	2	190
	Total		$4,074,212	$1,938,209	4,150	61	54	4,265
Western Connecticut State University	Basic Accident & Sickness	Accident	$208,026	$105,629	134	-	2	136
		Sickness	$1,174,118	$595,615	1,425	23	28	1,476
	Mandatory Accident	Accident	$28,688	$7,915	20	-	-	20
	International Plan	Accident	$800	$553	1	-	-	1
		Sickness	$30,176	$14,234	36	-	-	36
	Part Time Basic	Accident	$2,263	$1,666	7	-	-	7
		Sickness	$146,880	$76,857	149	12	24	185
	Part Time International	Sickness	$993	$512	4	-	-	4
	Total		$1,591,945	$802,981	1,776	35	54	1,865
	Grand Total		$10,177,505	$5,014,537	10,617	171	219	11,007

Based on Claims Paid as of 11/30/2007

CONNECTICUT STATE UNIVERSITY SYSTEM

PAID CLAIMS BY CAMPUS WITH CLAIMANT COUNTS

2007 - 2008 POLICY YEAR

(Excludes Prescription Drug)

Campus Name	Program Name	Accident Or Sickness	Total Amount Charged	Total Amount Paid	Number Of Student Claimants	Number Of Spouse Claimants	Number Of Child Claimants	Total Number Of Claimants
Central Connecticut State University	Basic Accident & Sickness	Accident	$75,533	$45,929	70	-	-	70
		Sickness	$501,780	$249,525	862	13	16	891
	English Language Institute	Sickness	$985	$802	5	-	-	5
	Mandatory Accident	Accident	$47	$10	1	-	-	1
	International Plan	Accident	$166	$69	1	-	-	1
		Sickness	$25,714	$9,785	7	-	-	7
	Part Time Basic	Accident	$3,422	$2,105	6	-	-	6
		Sickness	$42,987	$23,204	68	6	8	82
	Total		$650,634	$331,428	1,020	19	24	1,063
Eastern Connecticut State University	Basic Accident & Sickness	Accident	$31,264	$13,846	27	-	-	27
		Sickness	$158,566	$91,712	311	-	-	311
	International Plan	Sickness	$584	$401	4	-	-	4
	Mandatory Accident	Accident	$904	$303	3	-	-	3
	Part Time Basic	Sickness	$18,387	$6,689	13	1	4	18
	Total		$209,705	$112,951	358	1	4	363
Southern Connecticut State University	Basic Accident & Sickness	Accident	$68,596	$42,116	60	1	-	61
		Sickness	$799,327	$383,929	1,167	10	8	1,185
	Mandatory Accident	Accident	$85	$57	1	-	-	1
	International Plan	Sickness	$3,943	$2,070	18	-	-	18
	Part Time Basic	Accident	$383	$237	3	-	-	3
		Sickness	$37,623	$20,360	69	4	3	76
	Total		$909,957	$448,770	1,318	15	11	1,344
Western Connecticut State University	Basic Accident & Sickness	Accident	$46,781	$27,265	32	1	-	33
		Sickness	$301,071	$139,010	384	6	8	398
	Mandatory Accident	Accident	$956	$848	2	-	-	2
	International Plan	Accident	$4,796	$3,621	1	-	-	1
		Sickness	$15,364	$6,255	12	-	-	12
	Part Time International	Sickness	$86	$23	1	-	-	1
	Part Time Basic	Accident	$134	$84	1	-	-	1
		Sickness	$20,130	$9,840	48	1	2	51
	Total		$389,317	$186,947	481	8	10	499
	Grand Total		$2,159,612	$1,080,096	3,177	43	49	3,269

Based on Claims Paid as of 11/30/2007

CSUS-0315
Addendum #2
December 27, 2007

Exhibit I
In Network Versus Out of Network Split Report

CONNECTICUT STATE UNIVERSITY SYSTEM

IN-NETWORK AND OUT-OF-NETWORK SPLIT REPORT

(Excludes Prescription Drug)

School Name	Year	AccidentOrSickness	In-Network	Out-Of-Network
CENTRAL CONNECTICUT STATE	05/06	Accident	$157,638	$14,775
CENTRAL CONNECTICUT STATE	05/06	Sickness	$846,758	$82,319
CENTRAL CONNECTICUT STATE	06/07	Accident	$280,418	$30,308
CENTRAL CONNECTICUT STATE	06/07	Sickness	$1,309,943	$117,170
CENTRAL CONNECTICUT STATE	07/08	Accident	$44,741	$3,372
CENTRAL CONNECTICUT STATE	07/08	Sickness	$267,148	$16,168
EASTERN CONNECTICUT STATE	05/06	Accident	$68,849	$4,319
EASTERN CONNECTICUT STATE	05/06	Sickness	$373,993	$34,002
EASTERN CONNECTICUT STATE	06/07	Accident	$86,737	$8,329
EASTERN CONNECTICUT STATE	06/07	Sickness	$408,102	$32,340
EASTERN CONNECTICUT STATE	07/08	Accident	$13,130	$1,019
EASTERN CONNECTICUT STATE	07/08	Sickness	$91,310	$7,492
SOUTHERN CONNECTICUT STATE	05/06	Accident	$172,702	$18,357
SOUTHERN CONNECTICUT STATE	05/06	Sickness	$1,278,873	$176,624
SOUTHERN CONNECTICUT STATE	06/07	Accident	$293,590	$10,989
SOUTHERN CONNECTICUT STATE	06/07	Sickness	$1,475,623	$158,253
SOUTHERN CONNECTICUT STATE	07/08	Accident	$38,645	$3,765
SOUTHERN CONNECTICUT STATE	07/08	Sickness	$369,473	$36,886
WESTERN CONNECTICUT STATE	05/06	Accident	$94,831	$4,423
WESTERN CONNECTICUT STATE	05/06	Sickness	$593,306	$50,749
WESTERN CONNECTICUT STATE	06/07	Accident	$110,437	$5,326
WESTERN CONNECTICUT STATE	06/07	Sickness	$629,517	$57,701
WESTERN CONNECTICUT STATE	07/08	Accident	$30,873	$946
WESTERN CONNECTICUT STATE	07/08	Sickness	$142,019	$13,109

Based on Claims Paid as of 11/30/2007

CSUS-0315
Addendum #2
December 27, 2007

Exhibit J
04-05 Policy Breakdown

Connecticut State University System 2004-2005

	Central	Eastern	Southern	Western
Total Full Year	0.00	0.00	0.00	284,480.00
Total Fall	481,330.00	248,412.00	558,292.00	13,970.00
Total Spring	354,330.00	215,646.00	455,676.00	31,750.00
Total Dependents	16,393.00	4,173.00	10,456.00	12,654.00
Total PT & Effective Students	94,320.73	21,081.68	52,852.00	32,820.00
Total Full Year International	0.00	0.00	37,800.00	18,200.00
Total Fall International	3,500.00	7,700.00	8,050.00	0.00
Total Spring International	2,450.00	8,750.00	6,650.00	0.00
Total Fall Accident	440,393.40	214,206.00	432,288.00	223,497.00
Total Spring Accident	406,170.60	198,417.00	405,897.00	207,195.00
Total	**$1,798,887.73**	**$918,385.68**	**$1,967,961.00**	**$824,566.00**
Total Paid	($1,798,710.93)	($925,032.18)	($1,967,707.00)	($824,566.00)
Grand Total	**$176.80**	**($6,646.50)**	**$254.00**	**$0.00**

Overall Total	$5,509,800.41
Overall Total Paid	($5,516,016.11)
Overall Grand Total	**($6,215.70)**

04-05 CSU	Central	Eastern	Southern	Western
Total Full Year	0	0	0	560
Total Fall	1,895	978	2,198	55
Total Spring	1,395	849	1,794	125
Total Dependents	37	8	21	18
Total PT & Effective Students	327	56	135	76
Total Full Year International	0	0	54	26
Total Fall International	10	22	23	0
Total Spring International	7	25	19	0
Total Fall Accident	7,717	3,758	7,584	3,921
Total Spring Accident	7,137	3,481	7,121	3,635
Total Sickness	**3,664**	**1,938**	**4,244**	**860**
Total Accident	**14,854**	**7,239**	**14,705**	**7,556**

Total Sickness Students	10,706
Total Accident Students	44,354

CSUS-0315
Addendum #2
December 27, 2007

Exhibit K
Service Code Listing

Group - S201902 CONNECTICUT STATE UNIVERSITY
Division - 01 CONNECTICUT STATE UNIV-CENTRAL
Coverage - MED MEDICAL

Period Paid - 08/01/2004 - 12/19/2007
Period Incurred- 08/01/2004 - 07/31/2005

Service Code	Code Description	Charge	Discount	Ineligible	Deductible Amounts	Coinsurance Amounts	COB Savings	Total Paid	Claim Lines
AC	ANCILLARY CHARGES	169,738.63	34,705.97	2,318.57	186.79	18,397.55	2,651.29	111,478.46	195
AM	AMBULANCE	20,807.70	3,084.02	2,367.98	0.00	0.00	0.00	15,355.70	85
AN	ANESTHESIA	49,344.42	6,715.10	658.17	0.00	0.00	6,014.00	35,957.15	72
AS	ASSISTANT SURGEON	10,333.93	4,419.81	0.00	0.00	0.00	0.00	5,914.12	5
CH	CHIROPRACTIC	21,179.18	6,486.06	505.73	1,890.00	0.00	0.00	12,297.39	479
CO	CONSULTATION	2,877.00	643.57	265.05	20.00	0.00	133.00	1,815.38	11
CP	CHP FEES	161,881.31	0.00	0.00	0.00	0.00	0.00	161,881.31	19
DT	DIAGNOSTIC TESTING	309,971.24	84,904.16	12,553.61	10.00	0.00	1,911.96	210,573.31	3048
EP	ER PHYSICIAN	3,505.71	922.65	3.65	0.00	0.00	0.00	2,579.41	20
EQ	EQUIPMENT	13,982.89	1,582.56	2,425.20	0.00	0.00	2,356.10	7,619.03	51
ER	EMERGENCY ROOM	157,685.99	26,964.98	6,619.34	1,736.67	0.00	2,453.23	119,911.77	584
ES	EXPRESS SCRIPTS	824,648.38	0.00	0.00	87.53-	0.00	0.00	824,743.41	125
H2	INPT PHYS 2ND+ VIS	4,018.00	1,505.45	865.66	0.00	0.00	0.00	1,646.89	26
HC	HIGH COST OP PROC	98,632.58	20,655.69	11,556.99	0.00	12,637.10	4,279.30	49,503.50	113
HH	HOME HEALTH CARE	558.00	0.00	0.00	50.00	116.25	0.00	391.75	6
HV	HOSPITAL INPT VISIT	2,346.84	503.06	813.78	0.00	0.00	0.00	1,030.00	12
IC	INTENSIVE CARE UNIT	5,267.00	1,316.75	1,950.25	0.00	0.00	0.00	2,000.00	2
IT	IMPACTED TEETH	42,611.00	4,681.10	2.08	0.00	0.00	0.00	37,927.82	135
MC	MISC CHARGES	635.44	0.00	0.00	0.00	0.00	0.00	635.44	32
MG	MAMMOGRAM	2,883.09	1,028.20	0.00	0.00	0.00	0.00	1,854.89	22
MO	M&N OUTPATIEN	79,359.00	14,811.54	1,954.53	5,610.00	0.00	0.00	56,982.93	654
MV	MOTOR VEHICLE ACC EX	14,188.65	3,226.25	1,405.30	0.00	0.00	941.80	8,615.30	104
OM	OSTOMY SUPPLIES	35.00	25.05	0.00	0.00	0.00	0.00	9.95	1
OV	OFFICE VISIT	208,384.16	52,634.52	1,365.05	14,971.76	0.00	3,563.45	135,617.79	2144
PP	PAP SMEAR	43,618.37	12,080.76	64.85	0.00	0.00	0.00	31,472.76	367
PT	PHYSICAL THERAPY	9,269.00	2,286.40	212.20	390.00	0.00	0.00	6,380.40	152
RF	REPRICING FEE	120,155.60	413.22-	0.00	0.00	0.00	0.00	120,575.37	35
SF	SURGICAL FACILITY	234,491.97	32,361.96	22,271.22	0.00	0.00	38,106.13	141,752.66	213
SI	SURGERY	210,070.36	90,373.07	3,202.51	0.00	0.00	8,837.62	107,657.16	305
SO	SUB ABUSE OUTPATIENT	870.00	130.50	0.00	40.00	0.00	0.00	699.50	5
SP	SEMI-PRIVATE ROOM	73,709.44	15,458.60	27,340.80	0.00	0.00	0.00	33,279.09	30
WA	WELL ADULT	11,418.00	2,649.81	9.78	380.00	0.00	0.00	8,378.41	61
WC	WELL CHILD	5,083.66	1,479.46	15.56	0.00	0.00	0.00	3,588.64	88
XD	ACCIDENTAL DENTAL	3,190.00	51.62	0.00	0.00	0.00	0.00	3,138.38	18
- DIVISION TOTALS -		2,916,751.54	427,275.45	100,747.86	25,197.69	31,150.90	71,247.88	2,263,265.07	9219

Group - S201902 CONNECTICUT STATE UNIVERSITY
Division - 02 CONNECTICUT STATE UNIV-EASTERN
Coverage - MED MEDICAL

Period Paid - 08/01/2004 - 12/19/2007
Period Incurred- 08/01/2004 - 07/31/2005

Service Code	Code Description	Charge	Discount	Ineligible	Deductible Amounts	Coinsurance Amounts	COB Savings	Total Paid	Claim Lines
AC	ANCILLARY CHARGES	44,130.93	6,157.26	2,009.91	30.00	3,393.02	9,760.72	22,780.02	67
AM	AMBULANCE	12,497.80	1,157.60	1,523.41	0.00	0.00	3,023.02	6,793.77	22
AN	ANESTHESIA	11,910.89	2,920.60	0.00	0.00	0.00	1,081.20	7,909.09	15
CH	CHIROPRACTIC	4,488.00	809.00	118.49	330.00	0.00	120.00	3,110.51	88
CO	CONSULTATION	1,298.00	349.10	0.00	20.00	0.00	409.00	519.90	6
DT	DIAGNOSTIC TESTING	89,699.45	19,808.63	3,214.92	20.00	0.00	3,029.09	63,590.14	1001
EP	ER PHYSICIAN	1,625.91	356.97	0.00	0.00	0.00	364.23	904.71	10
EQ	EQUIPMENT	426.70	36.56	49.76	0.00	0.00	0.00	340.38	7
ER	EMERGENCY ROOM	80,627.18	9,655.09	2,057.76	780.00	0.00	10,196.37	57,937.96	194
ES	EXPRESS SCRIPTS	3,135.22	0.00	0.00	300.80	0.00	0.00	2,874.92	68
H2	INPT PHYS 2ND+ VIS	87.00	0.00	27.00	0.00	0.00	0.00	60.00	1
HC	HIGH COST OP PROC	40,430.99	7,482.18	4,229.88	0.00	5,743.82	2,729.07	20,246.04	55
HV	HOSPITAL INPT VISIT	531.00	0.00	381.00	0.00	0.00	41.37	108.63	2
IT	IMPACTED TEETH	15,097.80	1,487.45	173.88	0.00	0.00	0.00	13,436.47	50
MG	MAMMOGRAM	944.72	190.71	0.00	0.00	0.00	62.23	691.78	5
MO	M&N OUTPATIEN	17,347.00	1,448.80	653.46	1,260.00	0.00	0.00	13,984.74	136
MV	MOTOR VEHICLE ACC EX	9,863.91	3,201.29	888.82	0.00	0.00	69.94	5,703.86	128
OM	OSTOMY SUPPLIES	90.00	13.50	0.00	0.00	0.00	0.00	76.50	1
OV	OFFICE VISIT	77,164.87	19,962.93	2,819.65	4,874.00	0.00	4,585.15	44,857.14	829
PP	PAP SMEAR	14,386.83	3,403.57	0.00	0.00	0.00	86.92	10,896.34	139
PT	PHYSICAL THERAPY	7,467.45	1,218.86	456.23	490.00	0.00	869.46	4,432.90	126
RF	REPRICING FEE	56.12	139.94-	0.00	0.00	0.00	0.00	196.06	9
RX	PRESCRIPTION DRUGS	30.00	0.00	0.00	0.00	0.00	0.00	30.00	2
SF	SURGICAL FACILITY	60,367.15	8,076.90	805.25	0.00	0.00	27,641.32	23,843.68	43
SI	SURGERY	96,381.30	37,159.41	3,807.84	0.00	0.00	18,392.25	37,021.80	93
SP	SEMI-PRIVATE ROOM	37,802.00	1,563.48	12,577.40	0.00	0.00	88.00	24,334.72	11
WA	WELL ADULT	2,220.00	642.75	2.92	120.00	0.00	0.00	1,454.33	13
WC	WELL CHILD	120.00	30.00	0.00	0.00	0.00	0.00	90.00	1
XD	ACCIDENTAL DENTAL	895.50	48.75	0.00	0.00	0.00	0.00	846.75	7
- DIVISION TOTALS -		631,123.72	127,041.45	35,797.58	8,224.80	9,136.84	82,549.34	369,073.14	3129

Group - S201902 CONNECTICUT STATE UNIVERSITY
Division - 03 CONNECTICUT STATE UNIV-SOUTHER
Coverage - MED MEDICAL

Period Paid - 08/01/2004 - 12/19/2007
Period Incurred- 08/01/2004 - 07/31/2005

Service Code	Code Description	Charge	Discount	Ineligible	Deductible Amounts	Coinsurance Amounts	COB Savings	Total Paid	Claim Lines
AC	ANCILLARY CHARGES	148,071.29	43,044.71	290.40	176.20	15,995.82	0.00	88,564.16	156
AD	AD&D BENEFIT	580.00	0.00	0.00	0.00	0.00	0.00	580.00	4
AM	AMBULANCE	13,495.00	743.80	1,116.92	0.00	0.00	0.00	11,634.28	60
AN	ANESTHESIA	41,318.90	9,124.55	225.00	0.00	0.00	2,634.02	29,335.33	52
AS	ASSISTANT SURGEON	840.00	0.00	0.00	0.00	0.00	778.62	61.38	1
CH	CHIROPRACTIC	30,159.00	11,899.31	356.07	1,990.00	0.00	1,145.40	14,768.22	619
CO	CONSULTATION	1,957.82	352.12	0.00	30.00	0.00	0.00	1,575.70	9
DT	DIAGNOSTIC TESTING	360,189.47	114,273.55	3,868.99	0.00	0.00	1,504.26	240,542.67	3982
EP	ER PHYSICIAN	11,956.35	2,914.70	73.83	0.00	0.00	0.00	8,967.82	58
EQ	EQUIPMENT	10,429.97	1,233.51	188.38	0.00	0.00	941.27	8,066.81	49
ER	EMERGENCY ROOM	188,514.76	40,417.27	5,658.22	1,880.00	0.00	3,005.27	137,554.00	516
ES	EXPRESS SCRIPTS	4,648.35	0.00	0.00	52.60	0.00	0.00	4,604.75	130
H2	INPT PHYS 2ND+ VIS	2,253.00	306.91	746.09	0.00	0.00	0.00	1,200.00	20
HC	HIGH COST OP PROC	118,048.96	24,612.80	17,986.02	0.00	15,090.06	1,632.37	58,727.71	126
HV	HOSPITAL INPT VISIT	2,614.00	586.32	1,277.68	0.00	0.00	0.00	750.00	10
IC	INTENSIVE CARE UNIT	11,997.00	2,749.55	3,526.25	0.00	0.00	0.00	5,721.20	5
IT	IMPACTED TEETH	39,642.00	5,493.65	0.00	0.00	0.00	0.00	34,148.35	134
LT	LYME DISEASE TREATME	1,416.50	51.76	409.74	0.00	0.00	0.00	955.00	9
MC	MISC CHARGES	644.00	0.00	0.00	0.00	0.00	0.00	1,293.25	8
MG	MAMMOGRAM	3,504.74	624.54	172.97	0.00	0.00	0.00	2,707.23	25
MO	M&N OUTPATIEN	106,121.39	12,065.06	4,904.08	5,810.00	0.00	0.00	83,342.25	874
MV	MOTOR VEHICLE ACC EX	31,535.06	7,974.16	6,469.95	0.00	0.00	61.98	17,028.97	303
OV	OFFICE VISIT	273,962.62	64,649.86	1,849.93	16,848.84	0.00	6,541.13	184,054.35	2839
PP	PAP SMEAR	55,378.16	14,839.01	81.17	0.00	0.00	0.00	40,457.98	476
PT	PHYSICAL THERAPY	24,223.50	5,983.81	217.23	1,360.00	0.00	344.95	16,317.51	438
RF	REPRICING FEE	213.77	1,510.04-	0.00	0.00	0.00	0.00	1,705.36	42
RX	PRESCRIPTION DRUGS	100.18	0.00	0.00	0.00	0.00	0.00	100.18	2
SF	SURGICAL FACILITY	260,854.03	51,003.17	51,018.32	0.00	0.00	36,151.09	122,681.45	166
SI	SURGERY	199,330.68	66,886.35	8,507.04	0.00	0.00	7,549.03	116,388.26	312
SP	SEMI-PRIVATE ROOM	76,989.49	20,495.67	26,820.62	0.00	0.00	0.00	29,673.20	20
WA	WELL ADULT	7,495.87	1,859.30	28.15	300.00	0.00	0.00	5,308.42	39
XD	ACCIDENTAL DENTAL	6,690.00	0.00	240.42	0.00	0.00	0.00	6,449.58	13
- DIVISION TOTALS -		2,035,175.86	502,675.40	136,033.47	28,447.64	31,085.88	62,289.39	1,275,265.37	11497

Group - S201902 CONNECTICUT STATE UNIVERSITY
Division - 04 CONNECTICUT STATE UNIV-WESTERN
Coverage - MED MEDICAL

Period Paid - 08/01/2004 - 12/19/2007
Period Incurred- 08/01/2004 - 07/31/2005

Service Code	Code Description	Charge	Discount	Ineligible	Deductible Amounts	Coinsurance Amounts	COB Savings	Total Paid	Claim Lines
AC	ANCILLARY CHARGES	44,896.25	6,120.19	0.00	150.00	5,945.25	1.89	32,678.92	82
AM	AMBULANCE	1,636.80	0.00	50.65	0.00	0.00	0.00	1,586.15	9
AN	ANESTHESIA	14,833.58	2,650.00	706.64	0.00	0.00	333.36	11,143.58	21
CH	CHIROPRACTIC	20,092.00	5,145.00	903.92	1,290.00	0.00	0.00	12,753.08	440
CO	CONSULTATION	378.00	116.00	0.00	10.00	0.00	0.00	252.00	2
DT	DIAGNOSTIC TESTING	138,616.61	40,033.14	2,430.06	10.00	0.00	5,150.92	90,992.49	1541
EP	ER PHYSICIAN	3,438.65	453.39	148.34	0.00	0.00	956.59	1,880.33	17
EQ	EQUIPMENT	5,414.10	313.09	0.00	0.00	0.00	2,109.05	2,991.96	40
ER	EMERGENCY ROOM	100,573.82	11,601.17	9,991.45	1,361.76	0.00	1,815.85	75,803.59	393
ES	EXPRESS SCRIPTS	2,764.47	0.00	0.00	158.44-	0.00	0.00	2,922.91	61
H2	INPT PHYS 2ND+ VIS	2,358.00	596.50	746.50	0.00	0.00	0.00	1,015.00	17
HC	HIGH COST OP PROC	61,802.46	8,736.05	16,698.60	0.00	7,273.56	0.00	29,094.25	61
HV	HOSPITAL INPT VISIT	1,575.00	412.17	637.83	0.00	0.00	0.00	525.00	7
IT	IMPACTED TEETH	12,632.00	1,369.75	0.00	0.00	0.00	0.00	11,262.25	37
LT	LYME DISEASE TREATME	323.00	71.00	0.00	0.00	0.00	0.00	252.00	3
MC	MISC CHARGES	659.32	20.00	0.00	0.00	0.00	0.00	639.32	43
MG	MAMMOGRAM	2,157.35	352.83	36.95	0.00	0.00	0.00	1,767.57	16
MO	M&N OUTPATIEN	68,161.22	8,280.36	18,760.25	3,810.00	0.00	1,061.22	36,249.39	468
MV	MOTOR VEHICLE ACC EX	13,047.07	3,412.93	2,118.92	0.00	0.00	623.58	6,891.64	113
OM	OSTOMY SUPPLIES	66.00	16.50	0.00	0.00	0.00	0.00	49.50	1
OV	OFFICE VISIT	119,560.45	36,430.67	1,582.21	8,410.00	0.00	2,758.76	70,378.81	1201
PP	PAP SMEAR	23,837.79	6,981.51	27.58	0.00	0.00	0.00	16,828.70	202
PT	PHYSICAL THERAPY	17,062.00	6,235.67	200.53	1,150.00	0.00	423.29	9,052.51	300
RF	REPRICING FEE	104.74	453.96-	0.00	0.00	0.00	0.00	561.69	21
SF	SURGICAL FACILITY	65,581.81	7,379.62	9,705.00	0.00	0.00	6,172.20	42,324.99	67
SI	SURGERY	120,363.90	50,716.04	223.52	0.00	0.00	14,167.33	55,257.01	241
SP	SEMI-PRIVATE ROOM	62,140.40	4,480.85	31,659.55	0.00	0.00	0.00	26,000.00	24
WA	WELL ADULT	6,041.60	1,378.15	0.00	250.00	0.00	0.00	4,413.45	31
WC	WELL CHILD	2,958.06	1,057.20	0.00	0.00	0.00	0.00	1,900.86	60
XD	ACCIDENTAL DENTAL	2,126.00	190.00	0.00	0.00	0.00	0.00	1,936.00	8
- DIVISION TOTALS -		915,202.45	204,095.82	96,628.50	16,283.32	13,218.81	35,574.04	549,404.95	5527

Group - S201902 CONNECTICUT STATE UNIVERSITY
Division -
Coverage - TOTAL ALL COVERAGES

Period Paid - 08/01/2004 - 12/19/2007
Period Incurred- 08/01/2004 - 07/31/2005

Service Code	Code Description	Charge	Discount	Ineligible	Deductible Amounts	Coinsurance Amounts	COB Savings	Total Paid	Claim Lines
AC	ANCILLARY CHARGES	406,837.10	90,028.13	4,618.88	542.99	43,731.64	12,413.90	255,501.56	500
AD	AD&D BENEFIT	580.00	0.00	0.00	0.00	0.00	0.00	580.00	4
AM	AMBULANCE	48,437.30	4,985.42	5,058.96	0.00	0.00	3,023.02	35,369.90	176
AN	ANESTHESIA	117,407.79	21,410.25	1,589.81	0.00	0.00	10,062.58	84,345.15	160
AS	ASSISTANT SURGEON	11,173.93	4,419.81	0.00	0.00	0.00	778.62	5,975.50	6
CH	CHIROPRACTIC	75,918.18	24,339.37	1,884.21	5,500.00	0.00	1,265.40	42,929.20	1626
CO	CONSULTATION	6,510.82	1,460.79	265.05	80.00	0.00	542.00	4,162.98	28
CP	CHP FEES	161,881.31	0.00	0.00	0.00	0.00	0.00	161,881.31	19
DT	DIAGNOSTIC TESTING	898,476.77	259,019.48	22,067.58	40.00	0.00	11,596.23	605,698.61	9572
EP	ER PHYSICIAN	20,526.62	4,647.71	225.82	0.00	0.00	1,320.82	14,332.27	105
EQ	EQUIPMENT	30,253.66	3,165.72	2,663.34	0.00	0.00	5,406.42	19,018.18	147
ER	EMERGENCY ROOM	527,401.75	88,638.51	24,326.77	5,758.43	0.00	17,470.72	391,207.32	1687
ES	EXPRESS SCRIPTS	835,196.42	0.00	0.00	107.43	0.00	0.00	835,145.99	384
H2	INPT PHYS 2ND+ VIS	8,716.00	2,408.86	2,385.25	0.00	0.00	0.00	3,921.89	64
HC	HIGH COST OP PROC	318,914.99	61,486.72	50,471.49	0.00	40,744.54	8,640.74	157,571.50	355
HH	HOME HEALTH CARE	558.00	0.00	0.00	50.00	116.25	0.00	391.75	6
HV	HOSPITAL INPT VISIT	7,066.84	1,501.55	3,110.29	0.00	0.00	41.37	2,413.63	31
IC	INTENSIVE CARE UNIT	17,264.00	4,066.30	5,476.50	0.00	0.00	0.00	7,721.20	7
IT	IMPACTED TEETH	109,982.80	13,031.95	175.96	0.00	0.00	0.00	96,774.89	356
LT	LYME DISEASE TREATME	1,739.50	122.76	409.74	0.00	0.00	0.00	1,207.00	12
MC	MISC CHARGES	1,938.76	20.00	0.00	0.00	0.00	0.00	2,568.01	83
MG	MAMMOGRAM	9,489.90	2,196.28	209.92	0.00	0.00	62.23	7,021.47	68
MO	M&N OUTPATIEN	270,988.61	36,605.76	26,272.32	16,490.00	0.00	1,061.22	190,559.31	2132
MV	MOTOR VEHICLE ACC EX	68,634.69	17,814.63	10,882.99	0.00	0.00	1,697.30	38,239.77	648
OM	OSTOMY SUPPLIES	191.00	55.05	0.00	0.00	0.00	0.00	135.95	3
OV	OFFICE VISIT	679,072.10	173,677.98	7,616.84	45,104.60	0.00	17,448.49	434,908.09	7013
PP	PAP SMEAR	137,221.15	37,304.85	173.60	0.00	0.00	86.92	99,655.78	1184
PT	PHYSICAL THERAPY	58,021.95	15,724.74	1,086.19	3,390.00	0.00	1,637.70	36,183.32	1016
RF	REPRICING FEE	120,530.23	2,517.16-	0.00	0.00	0.00	0.00	123,038.48	107
RX	PRESCRIPTION DRUGS	130.18	0.00	0.00	0.00	0.00	0.00	130.18	4
SF	SURGICAL FACILITY	621,294.96	98,821.65	83,799.79	0.00	0.00	108,070.74	330,602.78	489
SI	SURGERY	626,146.24	245,134.87	15,740.91	0.00	0.00	48,946.23	316,324.23	951
SO	SUB ABUSE OUTPATIENT	870.00	130.50	0.00	40.00	0.00	0.00	699.50	5
SP	SEMI-PRIVATE ROOM	250,641.33	41,998.60	98,398.37	0.00	0.00	88.00	113,287.01	85
WA	WELL ADULT	27,175.47	6,530.01	40.85	1,050.00	0.00	0.00	19,554.61	144
WC	WELL CHILD	8,161.72	2,566.66	15.56	0.00	0.00	0.00	5,579.50	149
XD	ACCIDENTAL DENTAL	12,901.50	290.37	240.42	0.00	0.00	0.00	12,370.71	46
- GROUP TOTALS -		6,498,253.57	1,261,088.12	369,207.41	78,153.45	84,592.43	251,660.65	4,457,008.53	29372

CSUS-0315
Addendum #2
December 27, 2007

Exhibit L
Student Athlete Gap Loss Report

LA01 A&H Policy loss system Report by Policy Number

POL NO	BRANCH CD	CLAIM NO	PAID AM IND TRAN	PAID AM MED TRAN	EXPENSE	DEPART MENT	PROFIT UNIT CD	BEN CD IND TRAN	BEN CD MED TRAN	LOSS DT
9026336	645	501476	171.34	0.00	0.00	7	778	73		11/22/2004
9026336	645	506082	171.34	0.00	0.00	7	778	73		11/12/2004
9026336	645	510506	0.00	0.00	16.21	7	778			7/2/2005
9026336	645	510506	30.00	0.00	0.00	7	778	A7		7/2/2005
9026336	645	510506	704.85	0.00	0.00	7	778	74		7/2/2005
TOTALS - 04-05			1077.53							

LA01 A&H Policy Loss System Report by Policy Number

POL NO	BR CD	CLAIM NO	SYM	PAID AM IND_AM	PAID AM MED_AM	EXPENSE	RECOVERY REC	CURR OS RESERVE	Grand Total	DEPAR TMENT	DIV NO	SEC CD	PROFIT UNIT CD	LOSS DT
9026334	645	510376	1	346.27	0.00	0.00	0.00	0.00	346.27	7	10	70	778	9/27/2004
9026334	645	517513	1	171.34	249.90	9.26	0.00	0.00	430.50	7	10	70	778	4/27/2005
9026334	645	520482	1	292.40	0.00	0.00	0.00	0.00	292.40	7	10	70	778	5/4/2005
REPORT TOTALS:				810.01	249.90	9.26	0.00	0.00	1069.17					

LA01 A&H Policy Loss System Report by Policy Number

POL NO	BR CD	CLAIM NO	SYM	PAID AM IND_AM	PAID AM MED_AM	EXPENSE	RECOVERY REC	CURR OS RESERVE	Grand Total	DEPAR TMENT	DIV NO	SEC CD	PROFIT UNIT CD	LOSS DT

CSUS-0315
Addendum #2
December 27, 2007

Exhibit M
Enrollment Figures 2004

Schedule of School Populations

Fall 2004	CCSU	ECSU	SCSU	WCSU	Total
Full-time UDG	7,245	3,700	6,617	3,873	21,435
Part-time UDG	2,359	1,020	1,697	1,264	6,340
Full-time GRD	533	84	992	97	1,706
Part-time GRD	2,183	352	2,871	650	6,056
Full-time J1	24	12	2	NA	38
Part-time J1	13	0	1	NA	14

NOTE: J1 information is Fall semester plus new students in spring semester

CSUS-0315
Addendum #2
December 27, 2007

Exhibit N
Policy Rates 2004 through 2008

Accident and Sickness Program Rates

	AY2003-04	AY2004-05	AY2005-06	AY2006-07	AY2007-08
Domestic Students:					
Full-time – Accident	$ 98.80	$ 114	$ 127	$ 143	$ 164
Full-time – Sickness	418	508	561	625	718
Spouse Accident and Sickness	698	846	951	1,061	1,220
Child(ren) Accident and Sickness	398	500	563	629	723
Part-time Student Accident and Sickness	660	787	885	988	882
International Students (J1 Visa):					
Full-time Student Accident and Sickness	583	700	772	860	989
J1 Visa-Accident Only			144	160	184
Spouse Accident and Sickness	762	920	1,034	1,152	1,324
Child(ren) Accident and Sickness	762	920	1,034	1,152	1,324
Matriculated Part-time Students:					
"On-Campus" Accident	51	60	68	76	87
Student Athlete Catastrophe and Gap Insurance:	***Total Annual Premium***	***Total Annual Premium***	***Total Annual Premium***	***Total Annual Premium***	***Total Annual Premium***
Basic (Gap) Coverage	$100,351	$98,274	$98,513	$74,385	$74,385
Catastrophic Coverage	$32,324	$32,852	$32,852	$32,852	$34,496
English Language Institute:	***Monthly Rate***	***Monthly Rate***	***Monthly Rate***	***Monthly Rate***	***Monthly Rate***
Students & Scholars Only	$ 55.50	$ 64	$ 72	$ 80	$ 92
Student in the English Language Institute	55.50	64	72	80	92
Spouse Only	90	104	110	123	141
Child(ren) Only	102	118	134	149	171

CSUS-0315
Addendum #2
December 27, 2007

Brochure 1
Domestic Student 2003-2004

ACCIDENT AND SICKNESS INSURANCE PROGRAM

For
DOMESTIC STUDENTS OF

Central Connecticut State University

Eastern Connecticut State University

Southern Connecticut State University

Western Connecticut State University

Herein called
CONNECTICUT STATE UNIVERSITY

Guarantee Trust Life Insurance Company
Glenview, Illinois

Policy Number: 064-145-001- R

Effective August 1, 2003 to July 31, 2004

Northeast Healthcare -HMC PPO &
CONSOLIDATED HEALTH PLANS
PREFERRED PROVIDER NETWORK
www.consolidatedhealthplan.com

By enrolling in this Insurance Program, You have the HMC and Consolidated Health Plans Preferred Provider Network available to You and Your dependents, if any, throughout Connecticut and Massachusetts, providing access to quality health care at discounted fees.
THE PROGRAM DOES NOT REQUIRE YOU TO USE A PREFERRED PROVIDER, but if an eligible Expense is incurred through a Preferred Provider, Your out-of-pocket expense may be reduced.

For a listing of Preferred Providers, Health Services has booklets listing Health Management Center and Consolidated Health Plans Preferred Providers.

To Students and Parents

We, the Presidents of Central Connecticut, Eastern Connecticut, Southern Connecticut and Western Connecticut State University are vitally interested in the health and welfare of our students.

This Student Accident and Sickness Insurance Plan has been designed to provide our students with maximum Accident and Sickness Insurance benefits at a minimum cost.

University Health and Counseling Services

As a full-time student, You are entitled to receive care at the University Health and Counseling Services. This Student Accident and Sickness Insurance Plan provides benefits to help cover costs for care that cannot be provided or treated by the University Health and Counseling Services. Authorization by the University Health and Counseling Services (when appropriate) is required for all services obtained outside the University Health and Counseling Services. Should a consultation be sought independently, full or partial coverage will not be guaranteed. In the event of a Medical Emergency when prior authorization cannot be obtained, it is necessary to obtain authorization from the University Health and Counseling Services within five working days after the Injury or commencement of Sickness.

The maximum penalty for not notifying or receiving a referral from the Student Health Center is $500.

University Health and Counseling Services are not available to Your Dependents, so Dependents covered under this Plan are exempt from this requirement.

The Presidents are pleased to have this valuable economical protection provided by the Guarantee Trust Insurance Company.

Presidents

Mr. Michael J. Adanti	Dr. Richard L. Judd
Dr. David G. Carter	Dr. James R. Roach

POLICY TERM

The insurance under Connecticut State University's Student Accident and Sickness Insurance Plan for the Annual Policy is effective 12:01 a.m. on August 1, 2003. Your coverage becomes effective on that date or the date the application and full premium are received by the Company or Servicing Agent, whichever is later. The Annual Policy terminates at 12:01 A.M. on August 1, 2004. The Sickness Insurance Plan remains in effect until the expiration period for which premium has been paid, even though You withdraw from the University, except when such withdrawal is to enter military service at which time coverage will cease and a pro rata return premium will be made.

ELIGIBILITY AND ENROLLMENT

If You are a full-time student, as part of the student fee, You are covered under the Accident Insurance Plan. You are covered 24 hours a day on and off campus. As a full-time student, You are automatically enrolled in the Sickness Insurance Plan. You may waive out of this Plan if You have demonstrated through completion of a Sickness Waiver Card that You are covered under a health insurance policy providing equal or better benefits than this Plan. Failure to complete and return a Sickness Waiver Card within the University's specified waiver period beginning with the start of the first and second semester will result in an annual premium of $418.00 (for the Sickness Insurance Plan) added to Your tuition bill.

If You are a part-time student enrolled in a minimum of 6 credit hours of an accredited degree-seeking program, you are eligible to apply for coverage.

We maintain the right to investigate student status and attendance records to verify that Policy eligibility requirements have been met. If we discover that Policy eligibility requirements have not been met, Our only obligation is a refund of premium. Eligibility requirements must be met each time a premium is paid to continue coverage.

If You are eligible for coverage and wish to join the Plan after these enrollment deadlines, You must present documentation from Your former insurance company that it is no longer providing You with accident and health insurance. Your effective date under this Plan will be the date the former insurance expired, if You make the request for coverage within 31 days after it expires. Otherwise, the effective date will be the 1st of the month following Your request. Please contact Hilb, Rogal and Hamilton Company of Connecticut, your Servicing Agent, who will inform You of your premium payment.

DEPENDENT COVERAGE

If You are enrolled in the Student Accident and Sickness Insurance Plan You may also enroll Your Dependent children or spouse who reside with You. A child born to You or Your insured Dependent spouse while this Plan is in force will be covered by this Plan from the moment of birth. Coverage for such newborn children will consist of coverage for Sickness or Accident, including necessary care or treatment of congenital defects, birth abnormalities, or premature birth. Such coverage will automatically continue for 31 days after the date of birth. To continue the coverage beyond the 31-day period, You must complete and return the Dependent Enrollment Form with payment to Hilb, Rogal and Hamilton Company of Connecticut. Contact Hilb, Rogal and Hamilton Company of Connecticut for a Dependent Enrollment Form.

DEFINITIONS

You, Your or Yours means the insured student.

We, Us or Our means Guarantee Trust Life Insurance Company.

Accident means a sudden, unexpected and unforeseen, identifiable event causing Injury.

Covered Person means You and Your covered Dependent(s) while insured under this Plan.

Creditable Coverage means any individual or group policy; Medicare or Medicaid; any other publicly sponsored program, provided in the state or elsewhere, of medical, hospital and surgical care; United States military sponsored health care; a

medical care program of the Indian Health Service or of a tribal organization; a state health benefits risk pool; the Federal Employees Health Benefits Program; a public health Plan as defined in federal regulations; a health benefit plan under the Peace Corps Act; or any other creditable coverage as defined by subsection c of Section 2701 of Title XXVII of the federal Public Health Services Act (42 U.S.C Sec. 300gg)).

Dependent means: (a) Your insured spouse residing with You; or (b) Your unmarried children under the age of nineteen years. Children must reside with, and be fully supported by You.

The term children includes Your proposed adoptive children, adopted children and stepchildren residing with You and who depend on You for their full support.

A child's coverage will not end because the child has reached the age limit shown above, if he or she: (a) is not able to earn his or her own living as a result of physical or mental handicap; and (b) became so handicapped before reaching the age limit; and (c) is mainly dependent on You for support and maintenance.

Doctor as used herein means: (a) a legally qualified physician licensed by the state in which he or she practices; or (b) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state or residence of such practitioner; or (c) a certified nurse midwife while acting within the scope of that certification; or a certified nurse practitioner, which means any registered nurse licensed in the state in which he or she practices who has completed a formal educational nurse practitioner program and is certified by the respective professional nursing association; or a physician assistant performing services within the scope of his or her license as specified by the laws of the state or residence of such practitioner.

Hospital means a facility which meets all of these tests: (a) it provides inpatient services for the care and treatment of injured and sick people; and (b) it provides room and board services and nursing services 24 hours a day; and (c) it has established facilities for diagnosis and major surgery; and (d) it is supervised by a Doctor; and (e) it is run as a Hospital under the laws of the jurisdiction in which it is located. Hospital does not include a place run mainly: (a) for people with alcohol or drug addictions; (b) as a convalescent home; (c) as a nursing or rest home; or (d) as a hospice facility.

Hospital Confinement means a stay of 18 or more consecutive hours as a resident bed-patient in a Hospital.

Loss means medical expense covered by this Plan as a result of Injury or Sickness as defined in this Plan.

Injury means bodily injury caused by an Accident, which is the sole cause of the Loss.

Sickness means sickness or disease, which is the sole cause of the Loss. Sickness includes both normal pregnancy and complications of pregnancy. All Injuries or Sicknesses due to the same or a related cause are considered one Injury or Sickness.

Medical Emergency means the unexpected onset of an Injury or Sickness which requires immediate or urgent medical attention which, if not provided, could result in a loss of life or serious permanent damage to a limb or organ or pain sufficient to warrant immediate care. A Medical Emergency does not include elective or routine care.

Expense or Covered Charge as used herein means those charges for any treatment, services or supplies: (a) not in excess of the charges of the Reasonable and Customary Expenses therefore; and (b) not in excess of the charges that would have been made in the absence of this insurance; and (c) incurred while this Plan is in force as to the Insured Person pursuant to the terms of the policy.

Reasonable and Customary Expense means fees and prices generally charged within the locality where performed for medically necessary services and supplies required for treatment of cases of comparable severity and nature.

Pre-existing Condition means an Injury or Sickness for which medical advice, diagnosis, care or treatment was recommended or received during the six month period prior to an individual's effective date under this Plan.

Extension of Benefit: This Policy will pay for a Sickness, which occurred during the policy period, for 52 weeks from the date of Sickness or 104 weeks from the date of Injury.

DESCRIPTION OF BENEFITS

ACCIDENT EXPENSE BENEFITS

Accident Medical Expense Benefit: When an Injury requires: (a) treatment by a Doctor/surgeon; (b) Hospital Confinement; (c) services of a licensed nurse practitioner or RN; (d) x-ray services; (e) use of operating room, anesthesia, laboratory services; (f) prescribed medicines, plaster casts, surgical dressings; or (g) use of an ambulance; We will pay the Reasonable and Customary Expense incurred within 104 weeks from the date of the Accident up to an aggregate maximum of $25,000 per Injury.

Limitations:

1. Expense incurred due to Injury which occurs while traveling as an operator or a passenger in a motor vehicle unless at the time of the Accident the Insured Person is traveling to or from an official activity as a participant from an officially recognized college and organization or department, is limited up to a maximum of $1,000 per injury.
2. Expenses incurred for dental treatment as a result of accidental Injury to sound natural teeth are limited up to a maximum of $2,500 per Injury.

Benefits under the Accident Insurance Plan are paid on an excess basis. This means no expense is covered if it would be covered by another health care plan in the absence of this insurance. This insurance supplements, not replaces, other health care coverage.

Accidental Death and Dismemberment Benefits (available for Full Time Insured Students only):

When, because of Injury, You suffer any of the following losses within 90 days from the date of the Accident, We will pay as follows:

For Loss Of:	Principal Sum
Life	$5,000
Two hands	$25,000
Two feet	$25,000
Sight of two eyes	$25,000
One hand and one foot	$10,000
One hand and sight of one eye	$25,000
One foot and sight of one eye	$25,000
One hand or one foot or one eye	$10,000
Movement of Both Upper and Lower Limbs (Quadriplegia)	$50,000
Movement of Both Lower Limbs (Paraplegia)	$25,000
Movement of Both Upper and Lower Limbs of One Side of the Body (Hemiplegia)	$25,000

Loss of hands and feet means the loss at or above the wrist or ankle joints. Loss of eyes means total irrecoverable loss of the entire sight. Only one of the amounts named above will be paid for Injuries resulting from any one accident. The amount so paid shall be the largest amount that applies.

This benefit will pay the appropriate portion of the Principal Sum if You sustain a loss of the type listed within 90 days after suffering a bodily Injury due to a covered Accident. Such injury must occur while You are 1) practicing for, 2) engaging in or 3) traveling to or

from an official activity of the policyholder as a participant from an officially recognized organization or department.

This provision does not cover the Loss if it in any way results from or is caused or contributed:

1) By physical or mental illness; medical or surgical treatment except treatment that results directly from a surgical operation made necessary solely by an Injury covered by this Plan;
2) By an infection, unless it is caused solely and independently by a covered Accident;
3) Participation in a felony. Participation means to take part or to have a share in something.
4) For loss caused by Your voluntary use of a controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by a Doctor.

SICKNESS EXPENSE BENEFITS

Sickness Medical Expense Benefits: If a Covered Person incurs medical expenses due to Sickness, We will pay the Reasonable and Customary Expense incurred, as allocated below, within 52 weeks from the date of the first treatment of Sickness up to an Aggregate Maximum of $25,000 per Sickness. Benefits under the Sickness Insurance Plan are payable regardless of any other insurance.

Hospital Room and Board Expense: Confinement in a Hospital, up to a maximum of $500.00 per day.

Intensive Care Room and Board Expense: Confinement in an intensive care unit at a Hospital, up to a maximum of $1,000.00 per day.

Hospital Misc. Expense: During a Hospital Confinement expense for: anesthesia; operating room; laboratory tests; x-rays; oxygen tent; drugs; medicines; dressings; and other necessary non-room and board expenses; 100% of the expense incurred up to a maximum of $700.00 and thereafter, 80% of the expense incurred.

Surgical Expense: Up to a maximum of $3,000.00 per Sickness for surgery performed by a licensed Doctor (in or out of Hospital) including pre-and post-operative care, and surgical facility charges. Benefits will be paid in accordance with the Ingenix Payment System Schedule for Reasonable and Customary Expenses.

Assistant Surgeon Expenses: Services of an assistant surgeon during a surgical operation, up to 80% of the Expenses

paid for the surgical operation not to exceed the covered Surgical Expense benefit.

Anesthetist Expense: Anesthetist during a surgical operation, up to 80% of the Expenses paid for the surgical operation, not to exceed the covered Surgical Expense benefit.

Sickness Dental Expense: Removal of impacted wisdom teeth, subject to the Surgical Expense benefit maximum of $3,000.00 per Sickness.

In Hospital Doctor's Visits Expense: Services of a Doctor, other than the surgeon or assistant surgeon, while confined to a Hospital, up to $75.00 for the first visit and $60.00 per visit thereafter, limited to one visit per day, up to a maximum of $1,300 per Sickness.

Diagnostic Allowance: Diagnostic services such as MRI, Cat Scan, as a result of injury or sickness, 80% of Expenses up to a maximum of $1,000.

Private Duty Nursing Expense: Services for full-time nursing care by a Registered Nurse (RN) while confined to a Hospital and when recommended by a Doctor, up to $60.00 per 8-hour shift in any one day, up to a maximum of $1,800.00 per Sickness.

Outpatient Expense: Due to Sickness, expenses in a Doctor's office, Hospital outpatient department, emergency room, clinical lab, radiological facility, or other similar facility licensed by the state, up to a maximum of $1,500.00 per Sickness (after $10 co-pay for in-net work or a $10 deductible per Sickness for out-of-network).

Ambulance Expense: Use of a medically necessary ambulance when a Medical Emergency, up to a maximum of allowable rate established by the Department of Public Health in accordance with section 19a-177 per occurrence. When, by reason of Sickness, use of an ambulance to be transported to and from the Hospital where treatment is given. Direct pay to the ambulance provider is available if notice is provided.

Mental or Nervous Disorders Expense: Treatment of mental or nervous disorders on the same basis as any other Sickness. Mental or Nervous Disorder means a mental disorder recognized as such by the most recent edition of the American Psychiatric Association's diagnostic and statistical manual of mental disorders.

Inpatient: Treatment for mental and nervous disorders during Hospital Confinement, on the same basis as any other Sickness.

Partial Hospitalization: Partial Hospitalization means continuous treatment consisting of not less than 4 hours and not more than 12 hours in any 24-hour period under a program based in a hospital or residential treatment facility. Two Partial Hospitalization days may be substituted for one inpatient day in a hospital or related institution.

Outpatient: When not Hospital confined, We will pay the Expenses incurred for outpatient services, up to a maximum of $2,000.00 per sickness (after a $10 co-pay per visit for in-network or a $10 deductible per Sickness for out of network).

Prescription Drug Expense: Prescription drugs as a result of an Injury or Sickness up to a maximum of $1,000.00 per policy year. This includes drugs approved by the federal Food and Drug Administration for the treatment of certain types of cancer. We shall not exclude coverage of any such drug on the basis that such drug has been prescribed for the treatment of a type of cancer for which the drug has not been approved by the Federal Food and Drug Administration, provided the drug is recognized for treatment of the specific type of cancer for which the drug has been prescribed in one of the following established reference compendix: (1) The U.S. Pharmacopoeia Drug Information Guide for Health Care Professionals (USP DI); (2) The American Medical Association's Drug Evaluations (AMA DE); or (3) The American Society of Hospital Pharmacist's American Hospital Formulary Service Drug Information (AHFS-DI).

Alcohol and Substance Abuse Expense:

Inpatient: Treatment of alcoholism, alcohol abuse, substance abuse, or substance dependency, during a confinement in a Hospital, detoxification facility, or residential alcohol and substance treatment program for persons remanded to such programs for drunk driving, We will pay the R & C expenses as any other sickness.

Outpatient: Outpatient treatment of alcoholism, alcohol abuse, substance abuse, or substance dependency, in a Hospital or detoxification facility payable as any other Sickness.

MANDATED BENEFITS

Prostate Cancer Screening: Laboratory and diagnostic tests to screen for prostate cancer for men who are symptomatic, whose biological father or brother has been diagnosed with prostate cancer and for all men 50 years or older

Pregnancy Coverage: Normal pregnancy, complications of pregnancy, resulting childbirth, miscarriage or termination of pregnancy (except for elective abortion) on the same basis as a covered Sickness. Coverage includes a minimum inpatient stay

of 48 hours for a vaginal delivery and 96 hours for a caesarean delivery. If the mother and newborn are discharged prior to this timeframe, after consultation with the Doctor, this plan will cover 2 follow up visits. The first visit must be within 48 hours of discharge and the second visit within 7 days.

Early Intervention: Medically necessary early intervention services for a Dependent child. No payment made under this benefit shall be applied against the Aggregate Maximum amount.

Mammography Examination Expense: Mammography exams at the following intervals: (a) one or more mammograms a year, as recommended by a Doctor, for any woman who is at risk for breast cancer. For purposes of this benefit, "at risk" means: the woman has a personal history of breast cancer; the woman has a personal history of biopsy-proven benign breast disease; or the woman's mother, sister, or daughter has or has had breast cancer; (b) one baseline mammogram for any woman 35 through 39 years of age, inclusive; or (c) a mammogram every year for any woman 40 years of age or older.

Preventative Pediatric Care Expense: Benefits will be provided for periodic reviews provided at every 2 months between birth to 6 months, and every 3 months between 9 to 18 months, and then annually from 2 to 6 years. Services must be provided by or under the supervision of a single Doctor during the course of a visit. Preventative Pediatric Care means the periodic review of a Dependent child's physical and emotional health from birth through 6 years of age by or under the supervision of a Doctor. Periodic reviews shall include a medical history, complete physical examination, developmental assessment, anticipatory guidance, appropriate immunizations and laboratory tests in keeping with prevailing medical standards.

Cytologic Screening Expense: Cytologic screening (pap smear), once a year, or more frequently if recommended by a Doctor. Such benefits will include the examination, laboratory fee, and the Doctor's interpretation of the laboratory results.

Home Health Care Expense: Expenses for covered home health care service in lieu of Hospitalization, except if diagnosed by a Doctor as terminally ill with a prognosis of 6 months or less to live, after a $50.00 deductible, 75% of the Expenses incurred, up to a maximum of 80 home health care visits in any calendar year or in any continuous period of 12 months for each Covered Person. Each 4 hours of home health aide service will count as one visit. In the case of a terminally ill Covered Person, no more than $200.00 for medical

social services for any 12-month period will be paid for covered services.

Accidental Ingestion of Controlled Drugs Expense: Expenses for a Medical Emergency arising from accidental ingestion or consumption of a controlled drug limited to:

- **Inpatient:** While confined to a Hospital, Expense incurred up to a maximum of 30 days in any calendar year.
- **Outpatient:** While not Hospital confined, Expense incurred up to a maximum of $500.00 per calendar year.
- **Chiropractic Care Expense:** Services rendered by a licensed chiropractor, to the same extent coverage is provided for services rendered by a Doctor, if such chiropractic services (1) treat a condition covered under this Plan and (2) are within those services a chiropractor is licensed to perform, Paid same as Doctor benefit.

Treatment of Leukemia and Removal of Tumors Expense: Surgical removal of tumors and treatment of leukemia, including outpatient chemotherapy, reconstructive surgery, cost of any non-dental prosthesis including maxillo-facial prosthesis used to replace anatomic structures lost during treatment for head and neck tumors or additional appliances essential for the support of such prosthesis, and outpatient chemotherapy following surgical procedure in connection with the treatment of tumors. Such benefits shall be subject to the same terms and conditions applicable to all other benefits under this Plan. We will pay a policy year benefit of: (1) $1,000 for removal of any breast implant (2) $700 for the surgical removal of tumors; (3) $700 for reconstructive surgery; (4) $700 for outpatient chemotherapy; and (5) $700 for prosthesis, except that for purposes of the surgical removal of breast due to tumors, the policy year benefit for prosthesis shall be at least $350 for each breast.

Hypodermic Needles or Syringes Expense: Doctor prescribed hypodermic needles or syringes for the purpose of administering medications for medical conditions, provided such medications are covered under this Plan.

Inherited Metabolic Disease Expense: Therapeutic treatment of Inherited Metabolic Disease, including the purchase of amino acid modified preparations and Low Protein Modified Food Products, when prescribed by and administered under the direction of a Doctor on the same basis as any other Sickness.

Inherited Metabolic Disease means a disease for which newborn screening is required under Connecticut law and is caused by an inherited abnormality of body chemistry.

Low Protein Modified Food Product means a product formulated

to have less than one gram of protein per serving and intended for the dietary treatment of an inherited metabolic disease under the direction of a Doctor.

Diabetes Treatment Expense: Treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes and non-insulin using diabetes on the same basis as any other Sickness to include:

1. Medically necessary equipment, drugs and supplies, when prescribed by a Doctor.
2. Diabetes outpatient self-management training, including but not limited to education and medical nutrition therapy. Benefits shall cover: (1) Initial training visits provided to an individual after the individual is initially diagnosed with diabetes that are medically necessary for the care and management of diabetes, including but not limited to counseling in nutrition and the proper use of equipment and supplies for the treatment of diabetes, totaling a maximum of 10 hours; (b) training and education that is medically necessary as a result of a subsequent diagnosis by a Doctor of a significant change in the individual's symptoms or condition which requires modification of the individual's program of self-management of diabetes, totaling a maximum of four hours, and (c) training and education that is medically necessary because of the development of new techniques and treatment for diabetes totaling a maximum of 4 hours.

Lyme Disease Treatment Expense: Treatment, including not less than 30 days of intravenous antibiotic therapy, 60 days of oral antibiotic therapy, or both, and further treatment if recommended by a rheumatologist, infectious disease specialist or neurologist.

Mastectomy, Reconstructive Breast Surgery or Lymph Node Dissection Expense: Benefits for such surgery will be paid under the Surgery Benefits under Part B. Coverage will be provided for at least 48 hours of inpatient care following a mastectomy or lymph node surgery. Coverage will be provided for longer periods of inpatient care if it is recommended by the patient's treating Physician after conferring with the patient. We will also provide benefits for the reasonable costs of reconstructive surgery on each breast on which a mastectomy has been performed, and reconstructive surgery on a nondiseased breast to produce a symmetrical appearance. This benefit is subject to the same terms and conditions applicable to all other benefits under this Policy.

Occupational Therapy Expense: We will pay a benefit, not to exceed 80% of the usual and reasonable charges, for the expenses

incurred for occupational therapy received by a Covered Person as the result of a covered accident.

Ostomy Appliances and Supplies Expense: When a Covered Person incurs Medically Necessary expenses for surgical treatments that end in the phrase "ostomy" as defined in Connecticut law, We will pay the Ostomy Appliances and Supplies Expense up to a maximum benefit of $1,000 per condition. Under Connecticut law, ostomy appliances and supplies include, but are not limited to, collection devices, irrigation equipment and supplies, skin barriers and skin protectors.

Pain Management Benefit: We will pay the expenses incurred by a Covered Person for treatment by or under the management of a pain management specialist. We will also pay the expenses incurred for pain treatment ordered by such specialist. Such treatment may include all means necessary to make a diagnosis and develop a treatment plan including the use of necessary medications and procedures.

Anesthesia and In-hospital dental services: Medically necessary in or out patient treatment or 1 day dental for a Covered Person who is a child under 4 or has a developmental delay disability if a Doctor determines medically necessary.

Cancer Routine Care: Routine patient care costs associated with cancer clinical trials as defined and specified in Public Act 01-101.

Hearing Aids for Children: Hearing aids for children twelve years of age and younger up to $1,000.00 in a 24-month period.

Colorectal cancer screening: Including, but not limited to an annual fecal occult blood test and colonoscopy, flexible sigmoidoscopy or radiologic imaging in accordance with the recommendation established by the American College of Gastroenterology after consultation with the American Cancer Society based on ages, family history and frequency provided in recommendations.

Specialized formula: When medically necessary for children up to age three for the treatment of a disease or condition and administered under the direction of physician as specified in Public Act 01-101.

EXCLUSIONS

This Plan does not cover nor provide benefits for:

1. Treatment, services or supplies which are not medically necessary; are not prescribed by a Doctor as necessary to treat a Sickness or Injury; are determined to be experimental/investigational in nature by the Company; are received without charge or legal obligation to pay; would not routinely be paid in the

absence of insurance; are received from any family member.

2. Expenses incurred as a result of loss due to war, or any action of war, declared or undeclared service in the armed forces of any country.
3. Expenses incurred as a result of suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane, except as specifically stated.
4. Injury or Sickness arising out of or in the course of employment which is compensable under any Workers' Compensation or Occupational Disease Act or Law.
5. Riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial scheduled airline.
6. Cosmetic surgery, except as the result of an Injury or Sickness occurring to the Covered Person. This exclusion shall also not apply to cosmetic surgery which is reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved body part and reconstructive surgery because of congenital disease or anomaly of a Covered Dependent child which has resulted in a functional defect.
7. Expenses incurred as a result of dental treatment, except as specifically stated.
8. Routine physicals, preventive medicines, serums or vaccines unless prescribed by a Doctor for the treatment of an injury or Sickness, except as specifically stated.
9. Eyeglasses, contact lenses, hearing aids, or prescriptions or examinations therefore, except as specifically provided.
10. Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay in the absence of insurance.
11. Elective abortions.
12. Services provided without charge by the Policyholder's Health Services, Infirmary or Hospital, or by health care providers employed by the Policyholder.
13. Elective surgery or elective treatment.

PRE-EXISTING CONDITIONS LIMITATION

Pre-existing Conditions shall be excluded from coverage for a period of 12 months following the effective date under the Policy. Pregnancy shall not be considered a pre-existing condition. This limitation shall only apply to part-time students. The limitation will not apply if:

1. The Covered Person has been covered under the Policy for more than 12 months; or
2. The individual seeking coverage under the Policy was previously covered under prior Creditable Coverage which was continuous to a date not less than 120 days prior to the effective date of coverage under the Policy (150 days prior to the effective date of coverage under the Policy if prior Creditable Coverage terminated due to an involuntary loss of employment) provided the Covered Person applied for coverage under the Policy within 30 days of initial eligibility.

CLAIMS PROCEDURES

In the event of an Injury or Sickness the Covered Person should:

1. If at the University, report immediately to the University Health and Counseling Services so that proper treatment can be prescribed or approved, and obtain a claim form (www.consolidatedhealthplan.com); or
2. If away from the University or the University Health and Counseling Center is closed, consult a Doctor and obtain a claim form from Hilb, Rogal and Hamilton Company of Connecticut (www.student-health-insurance.com).
3. Notify the Claims Administrator, Consolidated Health Plans, within 30 days after the date of the Injury or commencement of the Sickness, or as soon thereafter as is reasonably possible.
4. Complete the claim form in full.
5. The completed claim form should be mailed within 90 days from the date of Injury or from the date of the first medical treatment for a Sickness, or as soon as reasonably possible. Retain a copy for your records and mail a copy to the Claims Administrator, Consolidated Health Plans, at the address below.
6. Itemized medical bills must be attached to the claim form at the time of submission. Subsequent medical bills should be mailed promptly to the Claims Administrator at the address below. No additional claim forms are needed

as long as the Insured Person's/Student's name and identification number are included on the bill.

7. Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim or payment of a claim to Claims Administrator, Consolidated Health Plans or Hilb, Rogal and Hamilton Company of Connecticut, at the telephone numbers listed below:

REMEMBER THAT EACH INJURY OR SICKNESS IS A SEPARATE CONDITION AND A SEPARATE CLAIM FORM IS REQUIRED FOR EACH CONDITION. NO CLAIM WILL BE PROCESSED UNLESS THE STUDENT HEALTH INSURANCE CLAIM FORM IS ATTACHED.

Claims Administered By:
Consolidated Health Plans
195 Stafford Street
Springfield, MA 01104-3503
(800) 633-7867
www.consolidatedhealthplan.com

Servicing Agent:
Hilb, Rogal and Hamilton Company of Connecticut
P.O. Box 232100, 10 State House Square
Hartford, CT 06123-2100
(800) 624-4184 or
(860) 278-1320
www.student-health-insurance.com

This brochure is a brief description of the Plan Benefits. The exact provisions governing the insurance are contained in the Master Policy issued to Connecticut State University. In the event of a discrepancy between this brochure and the Master Policy, the Master Policy will control.

The Plan is Underwritten By:
Guarantee Trust Life Insurance Company
Glenview, Illinois

Policy Number: 064-145-001-R

ACCIDENT AND SICKNESS INSURANCE PROGRAM

For
DOMESTIC STUDENTS OF

Central Connecticut State University

Eastern Connecticut State University

Southern Connecticut State University

Western Connecticut State University

Herein called
CONNECTICUT STATE UNIVERSITY

Guarantee Trust Life Insurance Company
Glenview, Illinois

Policy Number: 064-145-001- R

Effective August 1, 2003 to July 31, 2004

CONNECTICUT STATE UNIVERSITY

International Student Dependent Health Insurance Enrollment

Policy Period -- August 1, 2003 - July 31, 2004

Annual Term (8/1/2003 - 7/31/2004) Enrollment Period Ends October 15, 2003

Fall Semester (8/1/2003 - 1/18/2004) Enrollment Period Ends October 15, 2003

Spring Semester (1/19/2004 - 7/31/2004) Enrollment Period Ends February 15, 2004

PLEASE PRINT CLEARLY

STUDENT'S NAME (Last) (First) (Middle Initial)	DATE OF BIRTH GENDER
HOME ADDRESS (Street, City, State, Zip Code)	Student's Social Security Number

CIRCLE UNIVERSITY YOU ARE ATTENDING	*CIRCLE COVERAGE DESIRED*		
Central Eastern Southern Wester	ANNUAL ENROLLMENT	FALL ENROLLMENT	SPRING ENROLLMENT
SPOUSE ONLY (Complete Reverse Side)	$762 00	$381 00	$381 00
CHILD(REN) (Complete Reverse Side)	$762 00	$381.00	$381 00

Return this form with check or money order payable to Hilb, Rogal and Hamilton Company of CT

P O Box 232100, 10 State House Square, Hartford, CT 06123-2100 ATTN: STUDENT INS

9/1/03

CSUS-0315
Addendum #2
December 27, 2007

Brochure 2
International Student 2003-2004

ACCIDENT AND SICKNESS INSURANCE PROGRAM

For
INTERNATIONAL STUDENTS OF

Central Connecticut State University

Eastern Connecticut State University

Southern Connecticut State University

Western Connecticut State University

Herein called
CONNECTICUT STATE UNIVERSITY

Guarantee Trust Life Insurance Company
Glenview, Illinois

Policy Number: 064-149-001-R

Effective August 1, 2003 to July 31, 2004

Northeast Healthcare - HMC PPO &
CONSOLIDATED HEALTH PLANS
PREFERRED PROVIDER NETWORK
www.consolidatedhealthplan.com

By enrolling in this Insurance Program, You have the HMC and Consolidated Health Plans Preferred Provider Network available to You and Your dependents, if any, throughout Connecticut and Massachusetts, providing access to quality health care at discounted fees.

THE PROGRAM DOES NOT REQUIRE YOU TO USE A PREFERRED PROVIDER, but if an eligible Expense is incurred through a Preferred Provider, Your out-of-pocket expense may be reduced.

For a listing of Preferred Providers, Health Services has booklets listing Health Management Center and Consolidated Health Plans Preferred Providers.

To Students and Parents

We, the Presidents of Central Connecticut, Eastern Connecticut, Southern Connecticut and Western Connecticut State University are vitally interested in the health and welfare of our students.

This Student Accident and Sickness Insurance Plan has been designed to provide our students with maximum Accident and Sickness Insurance benefits at a minimum cost.

University Health and Counseling Services

As a full-time student, You are entitled to receive care at the University Health and Counseling Services. This Student Accident and Sickness Insurance Plan provides benefits to help cover costs for care that cannot be provided or treated by the University Health and Counseling Services. Authorization by the University Health and Counseling Services (when appropriate) is required for all services obtained outside the University Health and Counseling Services. Should a consultation be sought independently, full or partial coverage will not be guaranteed. In the event of a Medical Emergency when prior authorization cannot be obtained, it is necessary to obtain authorization from the University Health and Counseling Services within five working days after the Injury or commencement of Sickness.

The maximum penalty for not notifying or receiving a referral from the Student Health Center is $500.

University Health and Counseling Services are not available to Your Dependents, so Dependents covered under this Plan are exempt from this requirement.

The Presidents are pleased to have this valuable economical protection provided by the Guarantee Trust Insurance Company.

Presidents

Mr. Michael J. Adanti	Dr. Richard L. Judd
Dr. David G. Carter	Dr. James R. Roach

POLICY TERM

The insurance under Connecticut State University's Student Accident and Sickness Insurance Plan for the Annual Policy is effective 12:01 a.m. on August 1, 2003. Your coverage becomes effective on that date or the date the application and full premium are received by the Company or Servicing Agent, whichever is later. The Annual Policy terminates at 12:01 A.M. on August 1, 2004. The Sickness Insurance Plan remains in effect until the expiration period for which premium has been paid, even though You withdraw from the University except when such withdrawal is to enter military service at which time coverage will cease and a pro rata return premium will be made.

ELIGIBILITY AND ENROLLMENT

You are covered by the Accident Insurance Plan 24 hours a day on and off campus. As a full-time student, You are automatically enrolled in the Sickness and Accident Insurance Plan. You may waive out of this Plan if You have demonstrated through completion of a Sickness Waiver Card that You are covered under a health insurance policy providing equal or better benefits than this Plan. Failure to complete and return a Sickness Waiver Card within the University's specified waiver period beginning with the start of the first and second semester will result in an annual premium of $583.00 added to Your tuition bill.

If You are a part-time student enrolled in a minimum of 6 credit hours of an accredited degree-seeking program, you are eligible to apply for coverage.

We maintain the right to investigate student status and attendance records to verify that Policy eligibility requirements have been met. If We discover that Policy eligibility

requirements have not been met, Our only obligation is a refund of premium.

Eligibility requirements must be met each time a premium is paid to continue coverage.

If You are eligible for coverage and wish to join the Plan after these enrollment deadlines, You must present documentation From Your former insurance company that it is no longer providing You with accident and health insurance. Your effective date under this Plan will be the date the former insurance expired, if You make the request for coverage within 31 days after it expires. Otherwise, the effective date will be the 1st of the month following Your request. Please contact Hilb, Rogal and Hamilton Company of Connecticut, your Servicing Agent, who will inform You of your premium payment.

DEPENDENT COVERAGE

If You are enrolled in the Student Accident and Sickness Insurance Plan You may also enroll Your Dependent children or spouses who reside with You. A child born to You or Your insured Dependent spouse while this Plan is in force will be covered by this Plan from the moment of birth. Coverage for such newborn children will consist of coverage for Sickness or Accident, including necessary care or treatment of congenital defects, birth abnormalities, or premature birth. Such coverage will automatically continue for 31 days after the date of birth. To continue the coverage beyond the 31-day period, You must complete and return the Dependent Enrollment Form with payment to Hilb, Rogal and Hamilton Company of Connecticut. Contact Hilb, Rogal and Hamilton Company of Connecticut for a Dependent Enrollment Form.

DEFINITIONS

You, Your or Yours means the insured student.

We, Us or Our means Guarantee Trust Life Insurance Company.

Accident means a sudden, unexpected and unforeseen, identifiable event causing Injury.

Covered Person means You and Your covered Dependent(s) while insured under this Plan.

Creditable Coverage means any individual or group policy; Medicare or Medicaid; any other publicly sponsored program, provided in the state or elsewhere, of medical, hospital and surgical care; United States military sponsored health care; a medical care program of the Indian Health Service or of a tribal

organization; a state health benefits risk pool; the Federal Employees Health Benefits Program; a public health Plan as defined in federal regulations; a health benefit plan under the Peace Corps Act; or any other creditable coverage as defined by subsection © of Section 2701 of Title XXVII of the federal Public Health Services Act (42 U.S.C Sec. 300gg)).

Dependent means: (a) Your insured spouse residing with You; or (b) Your unmarried children under the age of nineteen years. Children must reside with, and be fully supported by You.

The term children includes Your proposed adoptive children, adopted children and stepchildren residing with You and who depend on You for their full support.

A child's coverage will not end because the child has reached the age limit shown above, if he or she: (a) is not able to earn his or her own living as a result of physical or mental handicap; and (b) became so handicapped before reaching the age limit; and (c) is mainly dependent on You for support and maintenance.

Doctor as used herein means: (a) a legally qualified physician licensed by the state in which he or she practices; or (b) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state or residence of such practitioner; or (c) a certified nurse midwife while acting within the scope of that certification; or a certified nurse practitioner, which means any registered nurse licensed in the state in which he or she practices who has completed a formal educational nurse practitioner program and is certified by the respective professional nursing association; or a physician assistant performing services within the scope of his or her license as specified by the laws of the state or residence of such practitioner.

Hospital means a facility which meets all of these tests: (a) it provides inpatient services for the care and treatment of injured and sick people; and (b) it provides room and board services and nursing services 24 hours a day; and (c) it has established facilities for diagnosis and major surgery; and (d) it is supervised by a Doctor; and (e) it is run as a Hospital under the laws of the jurisdiction in which it is located. Hospital does not include a place run mainly: (a) for people with alcohol or drug addictions; (b) as a convalescent home; (c) as a nursing or rest home; or (d) as a hospice facility.

Hospital Confinement means a stay of 18 or more consecutive hours as a resident bed-patient in a Hospital.

Loss means medical expense covered by this Plan as a result of Injury or Sickness as defined in this Plan.

Injury means bodily injury caused by an Accident, which is the sole cause of the Loss.

Sickness means sickness or disease, which is the sole cause of the Loss. Sickness includes both normal pregnancy and complications of pregnancy. All Injuries or Sicknesses due to the same or a related cause are considered one Injury or Sickness.

Medical Emergency means the unexpected onset of an Injury or Sickness which requires immediate or urgent medical attention which, if not provided, could result in a loss of life or serious permanent damage to a limb or organ or pain sufficient to warrant immediate care. A Medical Emergency does not include elective or routine care.

Expense or Covered Charge as used herein means those charges for any treatment, services or supplies: (a) not in excess of the charges of the Reasonable and Customary Expenses therefore; and (b) not in excess of the charges that would have been made in the absence of this insurance; and (c) incurred while this Plan is in force as to the Insured Person pursuant to the terms of the policy.

Reasonable and Customary Expense means fees and prices generally charged within the locality where performed for medically necessary services and supplies required for treatment of cases of comparable severity and nature.

Pre-existing Condition means an Injury or Sickness for which medical advice, diagnosis, care or treatment was recommended or received during the six month period prior to an individual's effective date under this Plan.

Extension of Benefit: This Policy will pay for a Sickness, which occurred during the policy period, for 52 weeks from the date of Sickness or 104 weeks from the date of Injury.

DESCRIPTION OF BENEFITS

ACCIDENT EXPENSE BENEFITS

Accident Medical Expense Benefit: When an Injury requires: (a) treatment by a Doctor/surgeon; (b) Hospital Confinement; (c) services of a licensed nurse practitioner or RN; (d) x-ray services; (e) use of operating room, anesthesia, laboratory services; (f) prescribed medicines, plaster casts, surgical dressings; or (g) use of an ambulance; We will pay the Reasonable and Customary Expense incurred within 104 weeks from the date of the Accident up to a maximum aggregate of $50,000 per Injury.

Limitations:

1. Expense incurred due to Injury which occurs while traveling as an operator or a passenger in a motor vehicle unless at the time of the Accident the Insured Person is traveling to or from an official activity as a participant from an officially recognized college and organization or department, is limited up to a maximum of $1,000 per injury.
2. Expenses incurred for dental treatment as a result of accidental Injury to sound natural teeth is limited up to a maximum of $2,500 per Injury.

Benefits under the Accident Insurance Plan are paid on an excess basis. This means no expense is covered if it would be covered by another health care plan in the absence of this insurance. This insurance supplements, not replaces, other health care coverage.

Accidental Death and Dismemberment Benefits (available for Full Time Insured Students only):

When, because of Injury, You suffer any of the following losses within 90 days from the date of the Accident, We will pay as follows:

For Loss Of:	Principal Sum
Life	$5,000
Two hands	$25,000
Two feet	$25,000
Sight of two eyes	$25,000
One hand and one foot	$10,000
One hand and sight of one eye	$25,000
One foot and sight of one eye	$25,000
One hand or one foot or one eye	$10,000
Movement of Both Upper and Lower Limbs (Quadriplegia)	$50,000
Movement of Both Lower Limbs (Paraplegia)	$25,000
Movement of Both Upper and Lower Limbs of One Side of the Body (Hemiplegia)	$25,000

Loss of hands and feet means the loss at or above the wrist or ankle joints. Loss of eyes means total irrecoverable loss of the entire sight. Only one of the amounts named above will be paid for Injuries resulting from any one accident. The amount so paid shall be the largest amount that applies.

This benefit will pay the appropriate portion of the Principal Sum if You sustain a loss of the type listed within 90 days after suffering a bodily Injury due to a covered Accident. Such injury must occur while You are 1) practicing for, 2) engaging in or 3) traveling to or from an official activity of the policyholder as a participant from an officially recognized organization or department.

This provision does not cover the Loss if it in any way results from or is caused or contributed:

1) By physical or mental illness; medical or surgical treatment except treatment that results directly from a surgical operation made necessary solely by an Injury covered by this Plan;
2) By an infection, unless it is caused solely and independently by a covered Accident;
3) Participation in a felony. Participation means to take part or to have a share in something.

For loss caused by Your voluntary use of a controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by a Doctor.

SICKNESS EXPENSE BENEFITS

Sickness Medical Expense Benefits: If an Insured Person incurs medical expenses due to Sickness, We will pay the Reasonable and Customary Expense incurred, as allocated below, within 52 weeks from the date of the first treatment of Sickness or up to an Aggregate Maximum of $50,000 per Sickness. Benefits under the Sickness Insurance Plan are payable regardless of any other insurance.

Hospital Room and Board Expense: Confinement in a Hospital, up to a maximum of $500.00 per day.

Intensive Care Room and Board Expense: Confinement in an intensive care unit at a Hospital, up to a maximum of $1,000.00 per day.

Hospital Misc. Expense: During a Hospital Confinement expense for: anesthesia; operating room; laboratory tests; x-rays; oxygen tent; drugs; medicines; dressings; and other necessary non-room and board expenses; 100% of the expense incurred up to a maximum of $700.00 and thereafter, 80% of the expense incurred.

Surgical Expense: Up to a maximum of $3,000.00 per Sickness for surgery performed by a licensed Doctor (in or out of Hospital) including pre-and post-operative care, and surgical facility charges. Benefits will be paid in accordance with the Ingenix Payment System Schedule for Reasonable and Customary Expenses.

Assistant Surgeon Expenses: Services of an assistant surgeon during a surgical operation, up to 80% of the Expenses paid for the surgical operation not to exceed the covered Surgical Expense benefit.

Anesthetist Expense: Anesthetist during a surgical operation, up to 80% of the Expenses paid for the surgical operation, not to exceed the covered Surgical Expense benefit.

Sickness Dental Expense: Removal of impacted wisdom teeth, subject to the Surgical Expense benefit maximum of $3,000.00 per Sickness.

In Hospital Doctor's Visits Expense: Services of a Doctor, other than the surgeon or assistant surgeon, while confined to a Hospital, up to $75.00 for the first visit and $60.00 per visit thereafter, limited to one visit per day, up to a maximum of $1,300 per Sickness.

Diagnostic Allowance: Diagnostic services such as MRI, Cat Scan, as a result of injury or sickness, 80% of Expenses up to a maximum of $1,000.

Private Duty Nursing Expense: Services for full-time nursing care by a Registered Nurse (RN) while confined to a Hospital and when recommended by a Doctor, up to $60.00 per 8 hour shift in any one day, up to a maximum of $1,800.00 per Sickness.

Outpatient Expense: Due to Sickness, expenses in a Doctor's office, Hospital outpatient department, emergency room, clinical lab, radiological facility, or other similar facility licensed by the state, up to a maximum of $1,500.00 per Sickness (after $10 co-pay for in-network or a $10 deductible per Sickness for out of network).

Ambulance Expense: Use of a medically necessary ambulance when a Medical Emergency, up to a maximum of allowable rate established by the Department of Public Health in accordance with section 19a-177 per occurrence. When, by reason of Sickness, use of an ambulance to be transported to and from the Hospital where treatment is given. Direct pay to the ambulance provider is available if notice is provided.

Mental or Nervous Disorders Expense:

Treatment of mental or nervous disorders on the same basis as any other Sickness. Mental or Nervous Disorder means a mental disorder recognized as such by the most recent edition of the American Psychiatric Association's diagnostic and statistical manual of mental disorders.

Inpatient: Treatment for mental and nervous disorders during Hospital Confinement, on the same basis as any other Sickness.

Partial Hospitalization: Partial Hospitalization means continuous treatment consisting of not less than 4 hours and not more than 12 hours in any 24 hour period under a program based in a hospital or residential treatment facility. Two Partial Hospitalization days may be substituted for one inpatient day in a hospital or related institution.

Outpatient: When not Hospital confined, We will pay the Expenses incurred for outpatient services, up to a maximum of $2,000.00 per sickness (after a $10 co-pay per visit for in-network or a $10 deductible for out of network).

Prescription Drug Expense: Prescription drugs as a result of an Injury or Sickness up to a maximum of $1,000.00 per policy year. This includes drugs approved by the federal Food and Drug Administration for the treatment of certain types of cancer. We shall not exclude coverage of any such drug on the basis that such drug has been prescribed for the treatment of a type of cancer for which the drug has not been approved by the federal Food and Drug Administration, provided the drug is recognized for treatment of the specific type of cancer for which the drug has been prescribed in one of the following established reference compendix: (1) The U.S. Pharmacopoeia Drug Information Guide for Health Care Professionals (USP DI); (2) The American Medical Association's Drug Evaluations (AMA DE); or (3) The American Society of Hospital Pharmacist's American Hospital Formulary Service Drug Information (AHFS-DI).

Alcohol and Substance Abuse Expense:

Inpatient: Treatment of alcoholism, alcohol abuse, substance abuse, or substance dependency, during a confinement in a Hospital, detoxification facility, or residential alcohol and substance treatment program for persons remanded to such programs for drunk driving, We will pay the R & C expenses as any other Sickness.

Outpatient: Outpatient treatment of alcoholism, alcohol abuse, substance abuse, or substance dependency, in a Hospital or detoxification facility, payable the same as any other Sickness.

MANDATED BENEFITS

Prostate Cancer Screening: Laboratory and diagnostic tests to screen for prostate cancer for men who are symptomatic, whose biological father or brother has been diagnosed with prostate cancer and for all men 50 years or older

Pregnancy Coverage: Normal pregnancy, complications of pregnancy, resulting childbirth, miscarriage or termination of pregnancy (except for elective abortion) on the same basis as a covered Sickness. Coverage includes a minimum inpatient stay of 48 hours for a vaginal delivery and 96 hours for a caesarean

delivery. If the mother and newborn are discharged prior to this timeframe, after consultation with the Doctor, this plan will cover 2 follow up visits. The first visit must be within 48 hours of discharge and the second visit within 7 days.

Early Intervention: Medically necessary early intervention services for a Dependent child. No payment under this benefit shall be applied against the Aggregate Maximum amount

Mammography Examination Expense: Mammography exams at the following intervals: (a) one or more mammograms a year, as recommended by a Doctor, for any woman who is at risk for breast cancer. For purposes of this benefit, "at risk" means: the woman has a personal history of breast cancer; the woman has a personal history of biopsy-proven benign breast disease; or the woman's mother, sister, or daughter has or has had breast cancer; (b) one baseline mammogram for any woman 35 through 39 years of age, inclusive; or c) a mammogram every year for any woman 40 years of age or older.

Preventative Pediatric Care Expense: Benefits will be provided for periodic reviews provided every 2 months between birth to 6 months, and every 3 months between 9 to 18 months, and then annually from 2 to 6 years. Services must be provided by or under the supervision of a single Doctor during the course of a visit. Preventative Pediatric Care means the periodic review of a Dependent child's physical and emotional health from birth through 6 years of age by or under the supervision of a Doctor. Periodic reviews shall include a medical history, complete physical examination, developmental assessment, anticipatory guidance, appropriate immunizations and laboratory tests in keeping with prevailing medical standards.

Cytologic Screening Expense: Cytologic screening (pap smear), once a year, or more frequently if recommended by a Doctor. Such benefits will include the examination, laboratory fee, and the Doctor's interpretation of the laboratory results.

Home Health Care Expense: Expenses for covered home health care service in lieu of Hospitalization, except if diagnosed by a Doctor as terminally ill with a prognosis of 6 months or less to live, after a $50.00 deductible, 75% of the Expenses incurred, up to a maximum of 80 home health care visits in any calendar year or in any continuous period of 12 months for each Covered Person. Each 4 hours of home health aide service will count as one visit. In the case of a terminally ill Covered Person, no more than $200.00 for medical social services for any 12-month period will be paid for covered services.

Accidental Ingestion of Controlled Drugs Expense: Expenses for a Medical Emergency arising from accidental ingestion or consumption of a controlled drug limited to:

- **Inpatient:** While confined to a Hospital, Expense incurred, up to a maximum of 30 days in any calendar year.
- **Outpatient:** While not Hospital confined, Expense incurred up to a maximum of $500.00 per calendar year.

Chiropractic Care Expense: Services rendered by a licensed chiropractor, to the same extent coverage is provided for services rendered by a Doctor, if such chiropractic services (1) treat a condition covered under this Plan and (2) are within those services a chiropractor is licensed to perform, paid the same as Doctor benefit.

Treatment of Leukemia and Removal of Tumors Expense: Surgical removal of tumors and treatment of leukemia, including outpatient chemotherapy, reconstructive surgery, cost of any non-dental prosthesis including maxillo-facial prosthesis used to replace anatomic structures lost during treatment for head and neck tumors or additional appliances essential for the support of such prosthesis, and outpatient chemotherapy following surgical procedure in connection with the treatment of tumors. Such benefits shall be subject to the same terms and conditions applicable to all other benefits under this Plan. We will pay a policy year benefit of: (1) $1,000 for removal of breast implant (2) $700 for the surgical removal of tumors; (3) $700 for reconstructive surgery; (4) $700 for outpatient chemotherapy; and (5) $700 for prosthesis, except that for purposes of the surgical removal of breast due to tumors, the policy year benefit for prosthesis shall be at least $350 for each breast.

Hypodermic Needles or Syringes Expense: Doctor prescribed hypodermic needles or syringes for the purpose of administering medications for medical conditions, provided such medications are covered under this Plan.

Inherited Metabolic Disease Expense: Therapeutic treatment of Inherited Metabolic Disease, including the purchase of amino acid modified preparations and Low Protein Modified Food Products, when prescribed by and administered under the direction of a Doctor on the same basis as any other Sickness.

Inherited Metabolic Disease means a disease for which newborn screening is required under Connecticut law and is caused by an inherited abnormality of body chemistry.

Low Protein Modified Food Product means a product formulated to have less than one gram of protein per serving and intended for the dietary treatment of an inherited metabolic disease under the direction of a Doctor.

Diabetes Treatment Expense: Treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes and non-insulin using diabetes on the same basis as any other Sickness to include:

1. Medically necessary equipment, drugs and supplies, when prescribed by a Doctor.
2. Diabetes outpatient self-management training, including but not limited to education and medical nutrition therapy. Benefits shall cover: (1) Initial training visits provided to an individual after the individual is initially diagnosed with diabetes that are medically necessary for the care and management of diabetes, including but not limited to counseling in nutrition and the proper use of equipment and supplies for the treatment of diabetes, totaling a maximum of 10 hours; (b) training and education that is medically necessary as a result of a subsequent diagnosis by a Doctor of a significant change in the individual's symptoms or condition which requires modification of the individual's program of self-management of diabetes, totaling a maximum of four hours, and (c) training and education that is medically necessary because of the development of new techniques and treatment for diabetes totaling a maximum of 4 hours.

Lyme Disease Treatment Expense: Treatment, including not less than 30 days of intravenous antibiotic therapy, 60 days of oral antibiotic therapy, or both, and further treatment if recommended by a rheumatologist, infectious disease specialist or neurologist.

Mastectomy, Reconstructive Breast Surgery or Lymph Node Dissection Expense: Benefits for such surgery will be paid under the Surgery Benefits under Part B. Coverage will be provided for at least 48 hours of inpatient care following a mastectomy or lymph node surgery. Coverage will be provided for longer periods of inpatient care if it is recommended by the patient's treating Physician after conferring with the patient. We will also provide benefits for the reasonable costs of reconstructive surgery on each breast on which a mastectomy has been performed, and reconstructive surgery on a nondiseased breast to produce a symmetrical appearance. This benefit is subject to the same terms and conditions applicable to all other benefits under this Policy.

Occupational Therapy Expense: We will pay a benefit, not to exceed 80% of the usual and reasonable charges, for the expenses incurred for occupational therapy received by a Covered Person as the result of a covered accident.

Ostomy Appliances and Supplies Expense: When an Covered

Person incurs Medically Necessary expenses for surgical treatments that end in the phrase "ostomy" as defined in Connecticut law, We will pay the Ostomy Appliances and Supplies Expense up to a maximum benefit of $1,000 per condition. Under Connecticut law, ostomy appliances and supplies include, but are not limited to, collection devices, irrigation equipment and supplies, skin barriers and skin protectors.

Pain Management Benefit: We will pay the expenses incurred by a Covered Person for treatment by or under the management of a pain management specialist. We will also pay the expenses incurred for pain treatment ordered by such specialist. Such treatment may include all means necessary to make a diagnosis and develop a treatment plan including the use of necessary medications and procedures.

Anesthesia and In-hospital dental services: Medically necessary in or out patient treatment or 1 day dental for a Covered Person who is a child under 4 or has a developmental delay disability if a Doctor determines medically necessary.

Cancer Routine Care: Routine patient care costs associated with cancer clinical trials as defined and specified in Public Act 01-101.

Hearing Aids for Children: Hearing aids for children twelve years of age and younger up to $1,000.00 in a 24-month period.

Colorectal cancer Screening: Including, but not limited to an annual fecal occult blood test and colonoscopy, flexible sigmoidoscopy or radiologic imaging in accordance with the recommendation established by the American College of Gastroenterology after consultation with the American Cancer Society based on ages, family history and frequency provided in recommendations.

Specialized Formula: When medically necessary for children up to age three for the treatment of a disease or condition and administered under the direction of physician as specified in Public Act 01-101.

Medical evacuation after hospital confinement .

If an additional passenger is required for a person to accompany the Covered Person for an emergency medical evacuation, We will pay the Covered Persons amount and also the Expense actually incurred for the additional passenger, up to a maximum benefit of $10,000.

Repatriation of Remains - This coverage is available for International Students Only

If a Covered Person dies, We will pay the reasonable covered expenses to return the Covered Person's body to his or her home country if he or she dies; not to exceed a maximum of $10,000.

Covered expenses include expenses for embalming, cremation, coffins and transportation.

EXCLUSIONS

This Plan does not cover nor provide benefits for:

1. Treatment, services or supplies which are not medically necessary; are not prescribed by a Doctor as necessary to treat an Sickness or Injury; are determined to be experimental/investigational in nature by the Company; are received without charge or legal obligation to pay; would not routinely be paid in the absence of insurance; are received from any family member.
2. Expenses incurred as a result of loss due to war, or any action of war, declared or undeclared service in the armed forces of any country.
3. Expenses incurred as a result of suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane, except as specifically stated.
4. Injury or Sickness arising out of or in the course of employment which is compensable under any Workers' Compensation or Occupational Disease Act or Law.
5. Riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial scheduled airline.
6. Cosmetic surgery, except as the result of an Injury or Sickness occurring to the Covered Person. This exclusion shall also not apply to cosmetic surgery which is reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved body part and reconstructive surgery because of congenital disease or anomaly of a Covered Dependent child which has resulted in a functional defect.
7. Expenses incurred as a result of dental treatment, except as specifically stated.
8. Routine physicals, preventive medicines, serums or vaccines unless prescribed by a Doctor for the treatment of an injury or Sickness, except as specifically stated.

9. Eyeglasses, contact lenses, hearing aids, or prescriptions or examinations therefore, except as specifically provided.
10. Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay in the absence of insurance.
11. Elective abortions.
12. Services provided without charge by the Policyholder's Health Services, Infirmary or Hospital, or by health care providers employed by the Policyholder.
13. Elective surgery or elective treatment.

PRE-EXISTING CONDITIONS LIMITATION

Pre-existing Conditions shall be excluded from coverage for a period of 12 months following the effective date under the Policy. Pregnancy shall not be considered a pre-existing condition. This limitation shall only apply to part-time students. The limitation will not apply if:

1. The Covered Person has been covered under the Policy for more than 12 months; or
2. The individual seeking coverage under the Policy was previously covered under prior Creditable Coverage which was continuous to a date not less than 120 days prior to the effective date of coverage under the Policy (150 days prior to the effective date of coverage under the Policy if prior Creditable Coverage terminated due to an involuntary loss of employment) provided the Covered Person applied for coverage under the Policy within 30 days of initial eligibility.

CLAIMS PROCEDURES

In the event of an Injury or Sickness the Covered Person should:

1. If at the University, report immediately to the University Health and Counseling Services so that proper treatment can be prescribed or approved, and obtain a claim form (www.consolidatedhealthplan.com); or
2. If away from the University or the University Health and Counseling Center is closed, consult a Doctor and obtain a claim form from Hilb, Rogal and Hamilton Company of Connecticut (www.student-health-insurance.com).
3. Notify the Claims Administrator, Consolidated Health Plans, within 30 days after the date of the Injury or

commencement of the Sickness, or as soon thereafter as is reasonably possible.

4. Complete the claim form in full.
5. The completed claim form should be mailed within 90 days from the date of Injury or from the date of the first medical treatment for a Sickness, or as soon as reasonably possible. Retain a copy for your records and mail a copy to the Claims Administrator, Consolidated Health Plans, at the address below.
6. Itemized medical bills must be attached to the claim form at the time of submission. Subsequent medical bills should be mailed promptly to the Claims Administrator at the address below. No additional claim forms are needed as long as the Covered Person's/Student's name and identification number are included on the bill.
7. Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim or payment of a claim to Claims Administrator, Consolidated Health Plans or Hilb, Rogal and Hamilton Company of Connecticut, at the telephone numbers listed below:

REMEMBER THAT EACH INJURY OR SICKNESS IS A SEPARATE CONDITION AND A SEPARATE CLAIM FORM IS REQUIRED FOR EACH CONDITION. NO CLAIM WILL BE PROCESSED UNLESS THE STUDENT HEALTH INSURANCE CLAIM FORM IS ATTACHED.

Claims Administered By:
Consolidated Health Plans
195 Stafford Street
Springfield, MA 01104-3503
(800) 633-7867
www.consolidatedhealthplan.com

Servicing Agent:
Hilb, Rogal and Hamilton Company of Connecticut
P.O. Box 232100, 10 State House Square
Hartford, CT 06103
(800) 624-4184 or
(860) 278-1320
www.student-health-insurance.com

This brochure is a brief description of the Plan Benefits. The exact provisions governing the insurance are contained in the Master Policy issued to Connecticut State University. In the event of a discrepancy between this brochure and the Master Policy, the Master Policy will control.

The Plan is Underwritten By:

Guarantee Trust Life Insurance Company

Glenview, Illinois

Policy Number: 064-145-001-R

Coverage for Sickness insurance remains in effect until the expiration period for which premium has been paid, even though a student withdraws from the University except when such withdrawal is to enter military service at which time coverage will cease and a pro rata return premium will be made.

This brochure describes the Accident and Sickness Insurance Plans. Each full-time student enrolled at a Connecticut State University is (1) automatically covered under the Accident and Sickness Insurance upon such enrollment, and (2) may elect to waive the Sickness Insurance Plan by completing and returning the enclosed Sickness Insurance Waiver Card, and (3) may cover eligible dependents under the Accident and Sickness Insurance Plan (provided the student has been enrolled for the Sickness Insurance Plan) by making application and paying the required premium.

THIS POLICY MEETS CONNECTICUT'S MINIMUM STANDARDS FOR BASIC MEDICAL / SURGICAL EXPENSE INSURANCE. IT ALSO CONTAINS ADDITIONAL BENEFITS. PLEASE READ THIS BROCHURE CAREFULLY.

CSUS-0315
Addendum #2
December 27, 2007

Brochure 3
Domestic Student 2005-2005

ACCIDENT AND SICKNESS INSURANCE PROGRAM

For
DOMESTIC STUDENTS OF

Central Connecticut State University

Eastern Connecticut State University

Southern Connecticut State University

Western Connecticut State University

Herein called
CONNECTICUT STATE UNIVERSITY

Guarantee Trust Life Insurance Company
Glenview, Illinois

Policy Number: 064-145-001-S

Effective August 1, 2004 to July 31, 2005

Northeast Healthcare -HMC PPO &
CONSOLIDATED HEALTH PLANS
PREFERRED PROVIDER NETWORK
www.consolidatedhealthplan.com

By enrolling in this Insurance Program, You have the HMC and Consolidated Health Plans Preferred Provider Network available to You and Your dependents, if any, throughout Connecticut and Massachusetts, providing access to quality health care at discounted fees.

THE PROGRAM DOES NOT REQUIRE YOU TO USE A PREFERRED PROVIDER, but if an eligible Expense is incurred through a Preferred Provider, Your out-of-pocket expense may be reduced.

For a listing of Preferred Providers, Health Services has booklets listing Health Management Center and Consolidated Health Plans Preferred Providers.

To Students and Parents

We, the Presidents of Central Connecticut, Eastern Connecticut, Southern Connecticut and Western Connecticut State University are vitally interested in the health and welfare of our students.

This Student Accident and Sickness Insurance Plan has been designed to provide our students with maximum Accident and Sickness Insurance benefits at a minimum cost.

University Health and Counseling Services

As a full-time student, You are entitled to receive care at the University Health and Counseling Services. This Student Accident and Sickness Insurance Plan provides benefits to help cover costs for care that cannot be provided or treated by the University Health and Counseling Services. Authorization by the University Health and Counseling Services (when appropriate) is required for all services obtained outside the University Health and Counseling Services except a female enrollee is allowed direct access to an obstetrician-gynecologist for any gynecological examination or care related to pregnancy and for primary and preventive obstetric and gynecologic services required as a result of any gynecological examination or as a result of a gynecological condition. Such obstetric and gynecologic services include, but are not limited to, pap smear tests. Should a consultation be sought independently, full or partial coverage will not be guaranteed. In the event of a

Medical Emergency when prior authorization cannot be obtained, it is necessary to obtain authorization from the University Health and Counseling Services within five working days after the Injury or commencement of Sickness.

The maximum penalty for not notifying or receiving a referral from the Student Health Center is $500.

University Health and Counseling Services are not available to Your Dependents, so Dependents covered under this Plan are exempt from this requirement.

The Presidents are pleased to have this valuable economical protection provided by the Guarantee Trust Insurance Company.

Presidents

Dr. Cheryl J. Norton Dr. Richard L. Judd

Dr. David G. Carter Dr. James R. Roach

POLICY TERM

The insurance under Connecticut State University's Student Accident and Sickness Insurance Plan for the Annual Policy is effective 12:01 a.m. on August 1, 2004. Your coverage becomes effective on that date or the date the application and full premium are received by the Company or Servicing Agent, whichever is later. The Annual Policy terminates at 12:01 A.M. on August 1, 2005. The Sickness Insurance Plan remains in effect until the expiration period for which premium has been paid, even though You withdraw from the University, except when such withdrawal is to enter military service at which time coverage will cease and a pro rata return premium will be made.

ELIGIBILITY AND ENROLLMENT

If You are a full-time student, as part of the student fee, You are covered under the Accident Insurance Plan. You are covered 24 hours a day on and off campus. As a full-time student, You are automatically enrolled in the Sickness Insurance Plan. You may waive out of this Plan if You have demonstrated through completion of a Sickness Waiver Card that You are covered under a health insurance policy providing equal or better benefits than this Plan. Failure to complete and return a Sickness Waiver Card within the University's specified waiver period beginning with the start of the first and second semester

will result in an annual premium of $508.00 (for the Sickness Insurance Plan) added to Your tuition bill.

If You are a part-time student enrolled in a minimum of 6 credit hours of an accredited degree-seeking program, you are eligible to apply for coverage.

We maintain the right to investigate student status and attendance records to verify that Policy eligibility requirements have been met. If we discover that Policy eligibility requirements have not been met, Our only obligation is a refund of premium. Eligibility requirements must be met each time a premium is paid to continue coverage.

If You are eligible for coverage and wish to join the Plan after these waiver deadlines, You must present documentation from Your former insurance company that it is no longer providing You with accident and health insurance. Your effective date under this Plan will be the date the former insurance expired, if You make the request for coverage within 31 days after it expires. Otherwise, the effective date will be the 1st of the month following Your request. Please contact Hilb Rogal & Hobbs, your Servicing Agent, who will inform You of your premium payment.

DEPENDENT COVERAGE

If You are enrolled in the Student Accident and Sickness Insurance Plan You may also enroll Your Dependent children or spouse who reside with You. A child born to You or Your insured Dependent spouse while this Plan is in force will be covered by this Plan from the moment of birth. Coverage for such newborn children will consist of coverage for Sickness or Accident, including necessary care or treatment of congenital defects, birth abnormalities, or premature birth. Such coverage will automatically continue for 31 days after the date of birth. To continue the coverage beyond the 31-day period, You must complete and return the Dependent Enrollment Form with payment to Hilb Rogal & Hobbs. Contact Hilb Rogal & Hobbs for a Dependent Enrollment Form.

DEFINITIONS

You, Your or Yours means the insured student.

We, Us or Our means Guarantee Trust Life Insurance Company.

Accident means a sudden, unexpected and unforeseen, identifiable event causing Injury.

Covered Person means You and Your covered Dependent(s) while insured under this Plan.

Creditable Coverage means any individual or group policy; Medicare or Medicaid; any other publicly sponsored program, provided in the state or elsewhere, of medical, hospital and surgical care; United States military sponsored health care; a medical care program of the Indian Health Service or of a tribal organization; a state health benefits risk pool; the Federal Employees Health Benefits Program; a public health Plan as defined in federal regulations; a health benefit plan under the Peace Corps Act; or any other creditable coverage as defined by subsection c of Section 2701 of Title XXVII of the federal Public Health Services Act (42 U.S.C Sec. 300gg)).

Dependent means: (a) Your insured spouse residing with You; or (b) Your unmarried children under the age of nineteen years. Children must reside with, and be fully supported by You.

The term children includes Your proposed adoptive children, adopted children and stepchildren residing with You and who depend on You for their full support.

A child's coverage will not end because the child has reached the age limit shown above, if he or she: (a) is not able to earn his or her own living as a result of physical or mental handicap; and (b) became so handicapped before reaching the age limit; and (c) is mainly dependent on You for support and maintenance.

Doctor as used herein means: (a) a legally qualified physician licensed by the state in which he or she practices; or (b) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state or residence of such practitioner; or (c) a certified nurse midwife while acting within the scope of that certification; or a certified nurse practitioner, which means any registered nurse licensed in the state in which he or she practices who has completed a formal educational nurse practitioner program and is certified by the respective professional nursing association; or a physician assistant performing services within the scope of his or her license as specified by the laws of the state or residence of such practitioner.

Hospital means a facility which meets all of these tests: (a) it provides inpatient services for the care and treatment of injured and sick people; and (b) it provides room and board services and nursing services 24 hours a day; and (c) it has established facilities for diagnosis and major surgery; and (d) it is supervised by a Doctor; and (e) it is run as a Hospital under the laws of the jurisdiction in which it is located. Hospital does not include a place run mainly: (a) for people with alcohol or drug addictions;

(b) as a convalescent home; (c) as a nursing or rest home; or (d) as a hospice facility.

Hospital Confinement means a stay of 18 or more consecutive hours as a resident bed-patient in a Hospital.

Loss means medical expense covered by this Plan as a result of Injury or Sickness as defined in this Plan.

Injury means bodily injury caused by an Accident, which is the sole cause of the Loss.

Sickness means sickness or disease, which is the sole cause of the Loss. Sickness includes both normal pregnancy and complications of pregnancy. All Injuries or Sicknesses due to the same or a related cause are considered one Injury or Sickness.

Medical Emergency means the unexpected onset of an Injury or Sickness which requires immediate or urgent medical attention which, if not provided, could result in a loss of life or serious permanent damage to a limb or organ or pain sufficient to warrant immediate care. A Medical Emergency does not include elective or routine care.

Expense or Covered Charge as used herein means those charges for any treatment, services or supplies: (a) not in excess of the charges of the Reasonable and Customary Expenses therefore; and (b) not in excess of the charges that would have been made in the absence of this insurance; and (c) incurred while this Plan is in force as to the Insured Person pursuant to the terms of the policy.

Reasonable and Customary Expense means fees and prices generally charged within the locality where performed for medically necessary services and supplies required for treatment of cases of comparable severity and nature.

Pre-existing Condition means an Injury or Sickness for which medical advice, diagnosis, care or treatment was recommended or received during the six month period prior to an individual's effective date under this Plan.

Extension of Benefit: This Policy will pay for a Sickness, which occurred during the policy period, for 52 weeks from the date of Sickness or 104 weeks from the date of Injury.

DESCRIPTION OF BENEFITS

ACCIDENT EXPENSE BENEFITS

Accident Medical Expense Benefit: When an Injury requires: (a) treatment by a Doctor/surgeon; (b) Hospital Confinement; (c) services of a licensed nurse practitioner or RN; (d) x-ray services; (e) use of operating room, anesthesia, laboratory services; (f) prescribed medicines, plaster casts, surgical

dressings; or (g) use of an ambulance payable up to a maximum allowable rate established by the Department of Public Health in accordance with section 19a-177 per occurrence, We will pay the Reasonable and Customary Expense incurred within 104 weeks from the date of the Accident up to an aggregate maximum of $25,000 per Injury.

Limitations:

1. Expense incurred due to Injury which occurs while traveling as an operator or a passenger in a motor vehicle unless at the time of the Accident the Insured Person is traveling to or from an official activity as a participant from an officially recognized college and organization or department, is limited up to a maximum of $1,000 per injury.
2. Expenses incurred for dental treatment as a result of accidental Injury to sound natural teeth are limited up to a maximum of $2,500 per Injury.

Benefits under the Accident Insurance Plan are paid on an excess basis. This means no expense is covered if it would be covered by another health care plan in the absence of this insurance. This insurance supplements, not replaces, other health care coverage.

Accidental Death and Dismemberment Benefits (available for Full Time Insured Students only):

When, because of Injury, You suffer any of the following losses within 90 days from the date of the Accident, We will pay as follows:

For Loss Of:	Principal Sum
Life	$5,000
Two hands	$25,000
Two feet	$25,000
Sight of two eyes	$25,000
One hand and one foot	$10,000
One hand and sight of one eye	$25,000
One foot and sight of one eye	$25,000
One hand or one foot or one eye	$10,000
Movement of Both Upper and Lower Limbs (Quadriplegia)	$50,000
Movement of Both Lower Limbs (Paraplegia)	$25,000
Movement of Both Upper and Lower Limbs of One Side of the Body (Hemiplegia)	$25,000

Loss of hands and feet means the loss at or above the wrist or ankle joints. Loss of eyes means total irrecoverable loss of the entire sight. Only one of the amounts named above will be paid

for Injuries resulting from any one accident. The amount so paid shall be the largest amount that applies.

This benefit will pay the appropriate portion of the Principal Sum if You sustain a loss of the type listed within 90 days after suffering a bodily Injury due to a covered Accident. Such injury must occur while You are 1) practicing for, 2) engaging in or 3) traveling to or from an official activity of the policyholder as a participant from an officially recognized organization or department.

This provision does not cover the Loss if it in any way results from or is caused or contributed:

1) By physical or mental illness; medical or surgical treatment except treatment that results directly from a surgical operation made necessary solely by an Injury covered by this Plan;
2) By an infection, unless it is caused solely and independently by a covered Accident;
3) Participation in a felony. Participation means to take part or to have a share in something.
4) For loss caused by Your voluntary use of a controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by a Doctor.

SICKNESS EXPENSE BENEFITS

Sickness Medical Expense Benefits: If a Covered Person incurs medical expenses due to Sickness, We will pay the Reasonable and Customary Expense incurred, as allocated below, within 52 weeks from the date of the first treatment of Sickness up to an Aggregate Maximum of $25,000 per Sickness. Benefits under the Sickness Insurance Plan are payable regardless of any other insurance.

Hospital Room and Board Expense: Confinement in a Hospital, up to a maximum of $500.00 per day.

Intensive Care Room and Board Expense: Confinement in an intensive care unit at a Hospital, up to a maximum of $1,000.00 per day.

Hospital Misc. Expense: During a Hospital Confinement expense for: anesthesia; operating room; laboratory tests; x-rays; oxygen tent; drugs; medicines; dressings; and other necessary non-room and board expenses; 100% of the expense incurred up to a maximum of $700.00 and thereafter, 80% of the expense incurred.

Surgical Expense: Up to a maximum of $3,000.00 per Sickness for surgery performed by a licensed Doctor (in or out

of Hospital) including pre-and post-operative care, and surgical facility charges. Benefits will be paid in accordance with the Ingenix Payment System Schedule for Reasonable and Customary Expenses.

Assistant Surgeon Expenses: Services of an assistant surgeon during a surgical operation, up to 80% of the Expenses paid for the surgical operation not to exceed the covered Surgical Expense benefit.

Anesthetist Expense: Anesthetist during a surgical operation, up to 80% of the Expenses paid for the surgical operation, not to exceed the covered Surgical Expense benefit.

Sickness Dental Expense: Removal of impacted wisdom teeth, subject to the Surgical Expense benefit maximum of $3,000.00 per Sickness.

In Hospital Doctor's Visits Expense: Services of a Doctor, other than the surgeon or assistant surgeon, while confined to a Hospital, up to $75.00 for the first visit and $60.00 per visit thereafter, limited to one visit per day, up to a maximum of $1,300 per Sickness.

Diagnostic Allowance: Diagnostic services such as MRI, Cat Scan, as a result of injury or sickness, 80% of Expenses up to a maximum of $1,000.

Private Duty Nursing Expense: Services for full-time nursing care by a Registered Nurse (RN) while confined to a Hospital and when recommended by a Doctor, up to $60.00 per 8-hour shift in any one day, up to a maximum of $1,800.00 per Sickness.

Outpatient Expense: Due to Sickness, expenses in a Doctor's office, Hospital outpatient department, emergency room, clinical lab, radiological facility, or other similar facility licensed by the state, up to a maximum of $1,500.00 per Sickness (after $10 co-pay for in-network or a $10 deductible per Sickness for out-of-network).

Ambulance Expense: Use of a medically necessary ambulance when a Medical Emergency, up to a maximum of allowable rate established by the Department of Public Health in accordance with section 19a-177 per occurrence. When, by reason of Sickness, use of an ambulance to be transported to and from the Hospital where treatment is given. Direct pay to the ambulance provider is available if notice is provided.

Mental or Nervous Disorders Expense: Treatment of mental or nervous disorders on the same basis as any other Sickness. Mental or Nervous Disorder means a mental disorder recognized as such by the most recent edition of the American Psychiatric

Association's diagnostic and statistical manual of mental disorders.

Inpatient: Treatment for mental and nervous disorders during Hospital Confinement, on the same basis as any other Sickness.

Partial Hospitalization: Partial Hospitalization means continuous treatment consisting of not less than 4 hours and not more than 12 hours in any 24-hour period under a program based in a hospital or residential treatment facility. Two Partial Hospitalization days may be substituted for one inpatient day in a hospital or related institution.

Outpatient: When not Hospital confined, We will pay the Expenses incurred for outpatient services, up to a maximum of $2,000.00 per sickness (after a $10 co-pay per visit for in-network or a $10 deductible per Sickness for out of network).

Prescription Drug Expense: Prescription drugs as a result of an Injury or Sickness up to a maximum of $1,500.00 per policy year. This includes drugs approved by the federal Food and Drug Administration for the treatment of certain types of cancer. We shall not exclude coverage of any such drug on the basis that such drug has been prescribed for the treatment of a type of cancer for which the drug has not been approved by the Federal Food and Drug Administration, provided the drug is recognized for treatment of the specific type of cancer for which the drug has been prescribed in one of the following established reference compendix: (1) The U.S. Pharmacopoeia Drug Information Guide for Health Care Professionals (USP DI); (2) The American Medical Association's Drug Evaluations (AMA DE); or (3) The American Society of Hospital Pharmacist's American Hospital Formulary Service Drug Information (AHFS-DI).

Alcohol and Substance Abuse Expense:

Inpatient: Treatment of alcoholism, alcohol abuse, substance abuse, or substance dependency, during a confinement in a Hospital, detoxification facility, or residential alcohol and substance treatment program for persons remanded to such programs for drunk driving, We will pay the R & C expenses as any other sickness.

Outpatient: Outpatient treatment of alcoholism, alcohol abuse, substance abuse, or substance dependency, in a Hospital or detoxification facility payable as any other Sickness.

MANDATED BENEFITS

Prostate Cancer Screening: Laboratory and diagnostic tests to screen for prostate cancer for men who are symptomatic,

whose biological father or brother has been diagnosed with prostate cancer and for all men 50 years or older

Pregnancy Coverage: Normal pregnancy, complications of pregnancy, resulting childbirth, miscarriage or termination of pregnancy (except for elective abortion) on the same basis as a covered Sickness. Coverage includes a minimum inpatient stay of 48 hours for a vaginal delivery and 96 hours for a caesarean delivery. If the mother and newborn are discharged prior to this timeframe, after consultation with the Doctor, this plan will cover 2 follow up visits. The first visit must be within 48 hours of discharge and the second visit within 7 days.

Early Intervention: Medically necessary early intervention services for a Dependent child from birth until the child's third birthday, up to a maximum benefit of $3,200 per year and an aggregate benefit of $9,600 over the total three-year period. No payment made under this benefit shall be applied against the Aggregate Maximum amount.

Mammography Examination Expense: Mammography exams at the following intervals: (a) one or more mammograms a year, as recommended by a Doctor, for any woman who is at risk for breast cancer. For purposes of this benefit, "at risk" means: the woman has a personal history of breast cancer; the woman has a personal history of biopsy-proven benign breast disease; or the woman's mother, sister, or daughter has or has had breast cancer; (b) one baseline mammogram for any woman 35 through 39 years of age, inclusive; or (c) a mammogram every year for any woman 40 years of age or older.

Preventative Pediatric Care Expense: Benefits will be provided for periodic reviews provided at every 2 months between birth to 6 months, and every 3 months between 9 to 18 months, and then annually from 2 to 6 years. Services must be provided by or under the supervision of a single Doctor during the course of a visit. Preventative Pediatric Care means the periodic review of a Dependent child's physical and emotional health from birth through 6 years of age by or under the supervision of a Doctor. Periodic reviews shall include a medical history, complete physical examination, developmental assessment, anticipatory guidance, appropriate immunizations and laboratory tests in keeping with prevailing medical standards.

Cytologic Screening Expense: Cytologic screening (pap smear), once a year, or more frequently if recommended by a Doctor. Such benefits will include the examination, laboratory fee, and the Doctor's interpretation of the laboratory results.

Home Health Care Expense: Expenses for covered home health care service in lieu of Hospitalization, except if diagnosed by a Doctor as terminally ill with a prognosis of 6 months or less to live, after a $50.00 deductible, 75% of the Expenses incurred, up to a maximum of 80 home health care visits in any calendar year or in any continuous period of 12 months for each Covered Person. Each 4 hours of home health aide service will count as one visit. In the case of a terminally ill Covered Person, no more than $200.00 for medical social services for any 12-month period will be paid for covered services.

Accidental Ingestion of Controlled Drugs Expense: Expenses for a Medical Emergency arising from accidental ingestion or consumption of a controlled drug limited to:

- **Inpatient:** While confined to a Hospital, Expense incurred up to a maximum of 30 days in any calendar year.
- **Outpatient:** While not Hospital confined, Expense incurred up to a maximum of $500.00 per calendar year.

Chiropractic Care Expense: Services rendered by a licensed chiropractor, to the same extent coverage is provided for services rendered by a Doctor, if such chiropractic services (1) treat a condition covered under this Plan and (2) are within those services a chiropractor is licensed to perform, Paid same as Doctor benefit.

Treatment of Leukemia and Removal of Tumors Expense: Surgical removal of tumors and treatment of leukemia, including outpatient chemotherapy, reconstructive surgery, cost of any non-dental prosthesis including maxillo-facial prosthesis used to replace anatomic structures lost during treatment for head and neck tumors or additional appliances essential for the support of such prosthesis, and outpatient chemotherapy following surgical procedure in connection with the treatment of tumors. Such benefits shall be subject to the same terms and conditions applicable to all other benefits under this Plan. We will pay a policy year benefit of: (1) $1,000 for removal of any breast implant (2) $700 for the surgical removal of tumors; (3) $700 for reconstructive surgery; (4) $700 for outpatient chemotherapy; and (5) $700 for prosthesis, except that for purposes of the surgical removal of breast due to tumors, the policy year benefit for prosthesis shall be at least $350 for each breast.

Hypodermic Needles or Syringes Expense: Doctor prescribed hypodermic needles or syringes for the purpose of administering medications for medical conditions, provided such medications are covered under this Plan.

Inherited Metabolic Disease Expense: Therapeutic treatment of Inherited Metabolic Disease, including the purchase of amino acid modified preparations and Low Protein Modified Food Products, when prescribed by and administered under the direction of a Doctor on the same basis as any other Sickness.

Inherited Metabolic Disease means a disease for which newborn screening is required under Connecticut law and is caused by an inherited abnormality of body chemistry.

Low Protein Modified Food Product means a product formulated to have less than one gram of protein per serving and intended for the dietary treatment of an inherited metabolic disease under the direction of a Doctor.

Diabetes Treatment Expense: Treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes and non-insulin using diabetes on the same basis as any other Sickness to include:

1. Medically necessary equipment, drugs and supplies, when prescribed by a Doctor.
2. Diabetes outpatient self-management training, including but not limited to education and medical nutrition therapy. Benefits shall cover: (1) Initial training visits provided to an individual after the individual is initially diagnosed with diabetes that are medically necessary for the care and management of diabetes, including but not limited to counseling in nutrition and the proper use of equipment and supplies for the treatment of diabetes, totaling a maximum of 10 hours; (b) training and education that is medically necessary as a result of a subsequent diagnosis by a Doctor of a significant change in the individual's symptoms or condition which requires modification of the individual's program of self-management of diabetes, totaling a maximum of four hours, and (c) training and education that is medically necessary because of the development of new techniques and treatment for diabetes totaling a maximum of 4 hours.

Lyme Disease Treatment Expense: Treatment, including not less than 30 days of intravenous antibiotic therapy, 60 days of oral antibiotic therapy, or both, and further treatment if recommended by a rheumatologist, infectious disease specialist or neurologist.

Mastectomy, Reconstructive Breast Surgery or Lymph Node Dissection Expense: Benefits for such surgery will be paid under the Surgery Benefits under Part B. Coverage will be provided for at least 48 hours of inpatient care following a mastectomy or lymph node surgery. Coverage will be provided for longer periods of

inpatient care if it is recommended by the patient's treating Physician after conferring with the patient. We will also provide benefits for the reasonable costs of reconstructive surgery on each breast on which a mastectomy has been performed, and reconstructive surgery on a nondiseased breast to produce a symmetrical appearance. This benefit is subject to the same terms and conditions applicable to all other benefits under this Policy.

Occupational Therapy Expense: We will pay a benefit, not to exceed 80% of the usual and reasonable charges, for the expenses incurred for occupational therapy received by a Covered Person as the result of a covered accident.

Ostomy Appliances and Supplies Expense: When a Covered Person incurs Medically Necessary expenses for surgical treatments that end in the phrase "ostomy" as defined in Connecticut law, We will pay the Ostomy Appliances and Supplies Expense up to a maximum benefit of $1,000 per condition. Under Connecticut law, ostomy appliances and supplies include, but are not limited to, collection devices, irrigation equipment and supplies, skin barriers and skin protectors.

Pain Management Benefit: We will pay the expenses incurred by a Covered Person for treatment by or under the management of a pain management specialist. We will also pay the expenses incurred for pain treatment ordered by such specialist. Such treatment may include all means necessary to make a diagnosis and develop a treatment plan including the use of necessary medications and procedures.

Anesthesia and In-hospital dental services: Medically necessary in or out patient treatment or 1 day dental for a Covered Person who is determined by a licensed dentist, in conjunction with a Doctor, to have a dental condition of significant dental complexity that it requires certain dental procedures to be performed in a Hospital or has a developmental delay disability if a Doctor determines medically necessary.

Cancer Routine Care: Routine patient care costs associated with cancer clinical trials as defined and specified in Public Act 01-101.

Hearing Aids for Children: Hearing aids for children twelve years of age and younger up to $1,000.00 in a 24-month period.

Colorectal cancer screening: Including, but not limited to an annual fecal occult blood test and colonoscopy, flexible sigmoidoscopy or radiologic imaging in accordance with the recommendation established by the American College of Gastroenterology after consultation with the American Cancer Society based on ages, family history and frequency provided in recommendations.

Specialized formula: When medically necessary for children up to age three for the treatment of a disease or condition and administered under the direction of physician as specified in Public Act 01-101.

Craniofacial Disorders: medically necessary orthodontic processes and appliances for the treatment of craniofacial disorders for Covered Persons eighteen years of age or younger if such processes and appliances are prescribed by a craniofacial team recognized by the American Cleft Palate-Craniofacial Association, except no coverage for cosmetic surgery.

EXCLUSIONS

This Plan does not cover nor provide benefits for:

1. Treatment, services or supplies which are not medically necessary; are not prescribed by a Doctor as necessary to treat a Sickness or Injury; are determined to be experimental/investigational in nature by the Company; are received without charge or legal obligation to pay; would not routinely be paid in the absence of insurance; are received from any family member.
2. Expenses incurred as a result of loss due to war, or any action of war, declared or undeclared service in the armed forces of any country.
3. Expenses incurred as a result of suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane, except as specifically stated.
4. Injury or Sickness arising out of or in the course of employment which is compensable under any Workers' Compensation or Occupational Disease Act or Law.
5. Riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial scheduled airline.
6. Cosmetic surgery, except as the result of an Injury or Sickness occurring to the Covered Person. This exclusion shall also not apply to cosmetic surgery which is reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved body part and reconstructive surgery because of congenital disease or anomaly of a Covered Dependent child which has resulted in a functional defect.

7. Expenses incurred as a result of dental treatment, except as specifically stated.
8. Routine physicals, preventive medicines, serums or vaccines unless prescribed by a Doctor for the treatment of an injury or Sickness, except as specifically stated.
9. Eyeglasses, contact lenses, hearing aids, or prescriptions or examinations therefore, except as specifically provided.
10. Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay in the absence of insurance.
11. Elective abortions.
12. Services provided without charge by the Policyholder's Health Services, Infirmary or Hospital, or by health care providers employed by the Policyholder.
13. Elective surgery or elective treatment.

PRE-EXISTING CONDITIONS LIMITATION

Pre-existing Conditions shall be excluded from coverage for a period of 12 months following the effective date under the Policy. Routine follow-up care to determine whether a breast cancer has reoccurred in a Covered Person who has been previously determined to be breast cancer free shall not be considered as medical advice, diagnosis, care or treatment unless evidence of breast cancer is found during or as a result of such follow-up. Genetic information shall not be treated as a condition in the absence of a diagnosis of the condition related to such information. Pregnancy shall not be considered a pre-existing condition. This limitation shall only apply to part-time students. The limitation will not apply if:

1. The Covered Person has been covered under the Policy for more than 12 months; or
2. The individual seeking coverage under the Policy was previously covered under prior Creditable Coverage which was continuous to a date not less than 120 days prior to the effective date of coverage under the Policy (150 days prior to the effective date of coverage under the Policy if prior Creditable Coverage terminated due to an involuntary loss of employment) provided the Covered Person applied for coverage under the Policy within 30 days of initial eligibility.

CLAIMS PROCEDURES

In the event of an Injury or Sickness the Covered Person should:

1. If at the University, report immediately to the University Health and Counseling Services so that proper treatment can be prescribed or approved, and obtain a claim form (www.consolidatedhealthplan.com); or
2. If away from the University or the University Health and Counseling Center is closed, consult a Doctor and obtain a claim form from Hilb Rogal & Hobbs (www.student-health-insurance.com).
3. Notify the Claims Administrator, Consolidated Health Plans, within 30 days after the date of the Injury or commencement of the Sickness, or as soon thereafter as is reasonably possible.
4. Complete the claim form in full.
5. The completed claim form should be mailed within 90 days from the date of Injury or from the date of the first medical treatment for a Sickness, or as soon as reasonably possible. Retain a copy for your records and mail a copy to the Claims Administrator, Consolidated Health Plans, at the address below.
6. Itemized medical bills must be attached to the claim form at the time of submission. Subsequent medical bills should be mailed promptly to the Claims Administrator at the address below. No additional claim forms are needed as long as the Insured Person's/Student's name and identification number are included on the bill.
7. Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim or payment of a claim to Claims Administrator, Consolidated Health Plans or Hilb Rogal & Hobbs, at the telephone numbers listed below:

REMEMBER THAT EACH INJURY OR SICKNESS IS A SEPARATE CONDITION AND A SEPARATE CLAIM FORM IS REQUIRED FOR EACH CONDITION. NO CLAIM WILL BE PROCESSED UNLESS THE STUDENT HEALTH INSURANCE CLAIM FORM IS ATTACHED.

Claims Administered By:
Consolidated Health Plans
195 Stafford Street
Springfield, MA 01104-3503
(800) 633-7867
www.consolidatedhealthplan.com

Servicing Agent:
Hilb Rogal & Hobbs
P.O. Box 232100, 10 State House Square
Hartford, CT 06123-2100
(800) 624-4184 or
(860) 278-1320
www.student-health-insurance.com

This brochure is a brief description of the Plan Benefits. The exact provisions governing the insurance are contained in the Master Policy issued to Connecticut State University. In the event of a discrepancy between this brochure and the Master Policy, the Master Policy will control.

The Plan is Underwritten By:
Guarantee Trust Life Insurance Company
Glenview, Illinois

Policy Number: 064-145-001-S

Coverage for Sickness insurance remains in effect until the expiration period for which premium has been paid, even though a student withdraws from the University except when such withdrawal is to enter military service at which time coverage will cease and a pro rata return premium will be made.

This brochure describes the Accident and Sickness Insurance Plans. Each full-time student enrolled at a Connecticut State University is (1) automatically covered under the Accident and Sickness Insurance upon such enrollment, and (2) may elect to waive the Sickness Insurance Plan by completing and returning the enclosed Sickness Insurance Waiver Card, and (3) may cover eligible dependents under the Accident and Sickness Insurance Plan (provided the student has been enrolled for the Sickness Insurance Plan) by making application and paying the required premium.

THIS POLICY MEETS CONNECTICUT'S MINIMUM STANDARDS FOR BASIC MEDICAL / SURGICAL EXPENSE INSURANCE. IT ALSO CONTAINS ADDITIONAL BENEFITS. PLEASE READ THIS BROCHURE CAREFULLY.

CSUS-0315
Addendum #2
December 27, 2007

Brochure 4
International Student 2004-2005

ACCIDENT AND SICKNESS INSURANCE PROGRAM

For
INTERNATIONAL STUDENTS OF

Central Connecticut State University

Eastern Connecticut State University

Southern Connecticut State University

Western Connecticut State University

Herein called
CONNECTICUT STATE UNIVERSITY

Guarantee Trust Life Insurance Company
Glenview, Illinois

Policy Number: 064-149-001-S

Effective August 1, 2004 to July 31, 2005

Northeast Healthcare - HMC PPO &
CONSOLIDATED HEALTH PLANS
PREFERRED PROVIDER NETWORK
www.consolidatedhealthplan.com

By enrolling in this Insurance Program, You have the HMC and Consolidated Health Plans Preferred Provider Network available to You and Your dependents, if any, throughout Connecticut and Massachusetts, providing access to quality health care at discounted fees.

THE PROGRAM DOES NOT REQUIRE YOU TO USE A PREFERRED PROVIDER, but if an eligible Expense is incurred through a Preferred Provider, Your out-of-pocket expense may be reduced.

For a listing of Preferred Providers, Health Services has booklets listing Health Management Center and Consolidated Health Plans Preferred Providers.

To Students and Parents

We, the Presidents of Central Connecticut, Eastern Connecticut, Southern Connecticut and Western Connecticut State University are vitally interested in the health and welfare of our students.

This Student Accident and Sickness Insurance Plan has been designed to provide our students with maximum Accident and Sickness Insurance benefits at a minimum cost.

University Health and Counseling Services

As a full-time student, You are entitled to receive care at the University Health and Counseling Services. This Student Accident and Sickness Insurance Plan provides benefits to help cover costs for care that cannot be provided or treated by the University Health and Counseling Services. Authorization by the University Health and Counseling Services (when appropriate) is required for all services obtained outside the University Health and Counseling Services except a female enrollee is allowed direct access to an obstetrician-gynecologist for any gynecological examination or care related to pregnancy and for primary and preventive obstetric and gynecologic services required as a result of any gynecological examination or as a result of a gynecological condition. Such obstetric and gynecologic services include, but are not limited to, pap smear tests. Should a consultation be sought independently, full or partial coverage will not be guaranteed. In the event of a Medical Emergency when prior authorization cannot be

obtained, it is necessary to obtain authorization from the University Health and Counseling Services within five working days after the Injury or commencement of Sickness.

The maximum penalty for not notifying or receiving a referral from the Student Health Center is $500.

University Health and Counseling Services are not available to Your Dependents, so Dependents covered under this Plan are exempt from this requirement.

The Presidents are pleased to have this valuable economical protection provided by the Guarantee Trust Insurance Company.

Presidents

Dr. Cheryl J. Norton Dr. Richard L. Judd

Dr. David G. Carter Dr. James R. Roach

POLICY TERM

The insurance under Connecticut State University's Student Accident and Sickness Insurance Plan for the Annual Policy is effective 12:01 a.m. on August 1, 2004.Your coverage becomes effective on that date or the date the application and full premium are received by the Company or Servicing Agent, whichever is later. The Annual Policy terminates at 12:01 A.M. on August 1, 2005. The Sickness Insurance Plan remains in effect until the expiration period for which premium has been paid, even though You withdraw from the University, except when such withdrawal is to enter military service at which time coverage will cease and a pro rata return premium will be made.

ELIGIBILITY AND ENROLLMENT

If You are a full-time student, as part of the student fee, You are covered under the Accident Insurance Plan. You are covered 24 hours a day on and off campus. As a full-time student, You are automatically enrolled in the Sickness Insurance Plan. You may waive out of this Plan if You have demonstrated through completion of a Sickness Waiver Card that You are covered under a health insurance policy providing equal or better benefits than this Plan. Failure to complete and return a Sickness Waiver Card within the University's specified waiver period beginning with the start of the first and second semester will result in an annual premium of $700.00 (for the Sickness Insurance Plan) added to Your tuition bill.

If You are a part-time student enrolled in a minimum of 6 credit hours of an accredited degree-seeking program, you are eligible to apply for coverage.

We maintain the right to investigate student status and attendance records to verify that Policy eligibility requirements have been met. If we discover that Policy eligibility requirements have not been met, Our only obligation is a refund of premium. Eligibility requirements must be met each time a premium is paid to continue coverage.

If You are eligible for coverage and wish to join the Plan after these waiver deadlines, You must present documentation from Your former insurance company that it is no longer providing You with accident and health insurance. Your effective date under this Plan will be the date the former insurance expired, if You make the request for coverage within 31 days after it expires. Otherwise, the effective date will be the 1st of the month following Your request. Please contact Hilb Rogal & Hobbs, your Servicing Agent, who will inform You of your premium payment.

DEPENDENT COVERAGE

If You are enrolled in the Student Accident and Sickness Insurance Plan You may also enroll Your Dependent children or spouse who reside with You. A child born to You or Your insured Dependent spouse while this Plan is in force will be covered by this Plan from the moment of birth. Coverage for such newborn children will consist of coverage for Sickness or Accident, including necessary care or treatment of congenital defects, birth abnormalities, or premature birth. Such coverage will automatically continue for 31 days after the date of birth. To continue the coverage beyond the 31-day period, You must complete and return the Dependent Enrollment Form with payment to Hilb Rogal & Hobbs. Contact Hilb Rogal & Hobbs for a Dependent Enrollment Form.

DEFINITIONS

You, Your or Yours means the insured student.

We, Us or Our means Guarantee Trust Life Insurance Company.

Accident means a sudden, unexpected and unforeseen, identifiable event causing Injury.

Covered Person means You and Your covered Dependent(s) while insured under this Plan.

Creditable Coverage means any individual or group policy; Medicare or Medicaid; any other publicly sponsored program,

provided in the state or elsewhere, of medical, hospital and surgical care; United States military sponsored health care; a medical care program of the Indian Health Service or of a tribal organization; a state health benefits risk pool; the Federal Employees Health Benefits Program; a public health Plan as defined in federal regulations; a health benefit plan under the Peace Corps Act; or any other creditable coverage as defined by subsection c of Section 2701 of Title XXVII of the federal Public Health Services Act (42 U.S.C Sec. 300gg)).

Dependent means: (a) Your insured spouse residing with You; or (b) Your unmarried children under the age of nineteen years. Children must reside with, and be fully supported by You.

The term children includes Your proposed adoptive children, adopted children and stepchildren residing with You and who depend on You for their full support.

A child's coverage will not end because the child has reached the age limit shown above, if he or she: (a) is not able to earn his or her own living as a result of physical or mental handicap; and (b) became so handicapped before reaching the age limit; and (c) is mainly dependent on You for support and maintenance.

Doctor as used herein means: (a) a legally qualified physician licensed by the state in which he or she practices; or (b) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state or residence of such practitioner; or (c) a certified nurse midwife while acting within the scope of that certification; or a certified nurse practitioner, which means any registered nurse licensed in the state in which he or she practices who has completed a formal educational nurse practitioner program and is certified by the respective professional nursing association; or a physician assistant performing services within the scope of his or her license as specified by the laws of the state or residence of such practitioner.

Hospital means a facility which meets all of these tests: (a) it provides inpatient services for the care and treatment of injured and sick people; and (b) it provides room and board services and nursing services 24 hours a day; and (c) it has established facilities for diagnosis and major surgery; and (d) it is supervised by a Doctor; and (e) it is run as a Hospital under the laws of the jurisdiction in which it is located. Hospital does not include a place run mainly: (a) for people with alcohol or drug addictions; (b) as a convalescent home; (c) as a nursing or rest home; or (d) as a hospice facility.

Hospital Confinement means a stay of 18 or more consecutive hours as a resident bed-patient in a Hospital.

Loss means medical expense covered by this Plan as a result of Injury or Sickness as defined in this Plan.

Injury means bodily injury caused by an Accident, which is the sole cause of the Loss.

Sickness means sickness or disease, which is the sole cause of the Loss. Sickness includes both normal pregnancy and complications of pregnancy. All Injuries or Sicknesses due to the same or a related cause are considered one Injury or Sickness.

Medical Emergency means the unexpected onset of an Injury or Sickness which requires immediate or urgent medical attention which, if not provided, could result in a loss of life or serious permanent damage to a limb or organ or pain sufficient to warrant immediate care. A Medical Emergency does not include elective or routine care.

Expense or Covered Charge as used herein means those charges for any treatment, services or supplies: (a) not in excess of the charges of the Reasonable and Customary Expenses therefore; and (b) not in excess of the charges that would have been made in the absence of this insurance; and (c) incurred while this Plan is in force as to the Insured Person pursuant to the terms of the policy.

Reasonable and Customary Expense means fees and prices generally charged within the locality where performed for medically necessary services and supplies required for treatment of cases of comparable severity and nature.

Pre-existing Condition means an Injury or Sickness for which medical advice, diagnosis, care or treatment was recommended or received during the six month period prior to an individual's effective date under this Plan.

Extension of Benefit: This Policy will pay for a Sickness, which occurred during the policy period, for 52 weeks from the date of Sickness or 104 weeks from the date of Injury.

DESCRIPTION OF BENEFITS

ACCIDENT EXPENSE BENEFITS

Accident Medical Expense Benefit: When an Injury requires: (a) treatment by a Doctor/surgeon; (b) Hospital Confinement; (c) services of a licensed nurse practitioner or RN; (d) x-ray services; (e) use of operating room, anesthesia, laboratory services; (f) prescribed medicines, plaster casts, surgical dressings; or (g) use of an ambulance payable up to a maximum allowable rate established by the Department of Public Health in accordance with section 19a-177 per occurrence, We will pay the Reasonable and Customary

Expense incurred within 104 weeks from the date of the Accident up to an aggregate maximum of $50,000 per Injury.

Limitations:

1. Expense incurred due to Injury which occurs while traveling as an operator or a passenger in a motor vehicle unless at the time of the Accident the Insured Person is traveling to or from an official activity as a participant from an officially recognized college and organization or department, is limited up to a maximum of $1,000 per injury.
1. Expenses incurred for dental treatment as a result of accidental Injury to sound natural teeth are limited up to a maximum of $2,500 per Injury.

Benefits under the Accident Insurance Plan are paid on an excess basis. This means no expense is covered if it would be covered by another health care plan in the absence of this insurance. This insurance supplements, not replaces, other health care coverage.

Accidental Death and Dismemberment Benefits (available for Full Time Insured Students only):

When, because of Injury, You suffer any of the following losses within 90 days from the date of the Accident, We will pay as follows:

For Loss Of:	Principal Sum
Life	$5,000
Two hands	$25,000
Two feet	$25,000
Sight of two eyes	$25,000
One hand and one foot	$10,000
One hand and sight of one eye	$25,000
One foot and sight of one eye	$25,000
One hand or one foot or one eye	$10,000
Movement of Both Upper and Lower Limbs (Quadriplegia)	$50,000
Movement of Both Lower Limbs (Paraplegia)	$25,000
Movement of Both Upper and Lower Limbs of One Side of the Body (Hemiplegia)	$25,000

Loss of hands and feet means the loss at or above the wrist or ankle joints. Loss of eyes means total irrecoverable loss of the entire sight. Only one of the amounts named above will be paid for Injuries resulting from any one accident. The amount so paid shall be the largest amount that applies.

This benefit will pay the appropriate portion of the Principal Sum if You sustain a loss of the type listed within 90 days after suffering

a bodily Injury due to a covered Accident. Such injury must occur while You are 1) practicing for, 2) engaging in or 3) traveling to or from an official activity of the policyholder as a participant from an officially recognized organization or department.

This provision does not cover the Loss if it in any way results from or is caused or contributed:

1) By physical or mental illness; medical or surgical treatment except treatment that results directly from a surgical operation made necessary solely by an Injury covered by this Plan;
2) By an infection, unless it is caused solely and independently by a covered Accident;
3) Participation in a felony. Participation means to take part or to have a share in something.
4) For loss caused by Your voluntary use of a controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by a Doctor.

SICKNESS EXPENSE BENEFITS

Sickness Medical Expense Benefits: If a Covered Person incurs medical expenses due to Sickness, We will pay the Reasonable and Customary Expense incurred, as allocated below, within 52 weeks from the date of the first treatment of Sickness up to an Aggregate Maximum of $50,000 per Sickness. Benefits under the Sickness Insurance Plan are payable regardless of any other insurance.

Hospital Room and Board Expense: Confinement in a Hospital, up to a maximum of $500.00 per day.

Intensive Care Room and Board Expense: Confinement in an intensive care unit at a Hospital, up to a maximum of $1,000.00 per day.

Hospital Misc. Expense: During a Hospital Confinement expense for: anesthesia; operating room; laboratory tests; x-rays; oxygen tent; drugs; medicines; dressings; and other necessary non-room and board expenses; 100% of the expense incurred up to a maximum of $700.00 and thereafter, 80% of the expense incurred.

Surgical Expense: Up to a maximum of $3,000.00 per Sickness for surgery performed by a licensed Doctor (in or out of Hospital) including pre-and post-operative care, and surgical facility charges. Benefits will be paid in accordance with the Ingenix Payment System Schedule for Reasonable and Customary Expenses.

Assistant Surgeon Expenses: Services of an assistant surgeon during a surgical operation, up to 80% of the Expenses paid for the surgical operation not to exceed the covered Surgical Expense benefit.

Anesthetist Expense: Anesthetist during a surgical operation, up to 80% of the Expenses paid for the surgical operation, not to exceed the covered Surgical Expense benefit.

Sickness Dental Expense: Removal of impacted wisdom teeth, subject to the Surgical Expense benefit maximum of $3,000.00 per Sickness.

In Hospital Doctor's Visits Expense: Services of a Doctor, other than the surgeon or assistant surgeon, while confined to a Hospital, up to $75.00 for the first visit and $60.00 per visit thereafter, limited to one visit per day, up to a maximum of $1,300 per Sickness.

Diagnostic Allowance: Diagnostic services such as MRI, Cat Scan, as a result of injury or sickness, 80% of Expenses up to a maximum of $1,000.

Private Duty Nursing Expense: Services for full-time nursing care by a Registered Nurse (RN) while confined to a Hospital and when recommended by a Doctor, up to $60.00 per 8-hour shift in any one day, up to a maximum of $1,800.00 per Sickness.

Outpatient Expense: Due to Sickness, expenses in a Doctor's office, Hospital outpatient department, emergency room, clinical lab, radiological facility, or other similar facility licensed by the state, up to a maximum of $1,500.00 per Sickness (after $10 co-pay for in-network or a $10 deductible per Sickness for out-of-network).

Ambulance Expense: Use of a medically necessary ambulance when a Medical Emergency, up to a maximum of allowable rate established by the Department of Public Health in accordance with section 19a-177 per occurrence. When, by reason of Sickness, use of an ambulance to be transported to and from the Hospital where treatment is given. Direct pay to the ambulance provider is available if notice is provided.

Mental or Nervous Disorders Expense: Treatment of mental or nervous disorders on the same basis as any other Sickness. Mental or Nervous Disorder means a mental disorder recognized as such by the most recent edition of the American Psychiatric Association's diagnostic and statistical manual of mental disorders.

Inpatient: Treatment for mental and nervous disorders during Hospital Confinement, on the same basis as any other Sickness.

Partial Hospitalization: Partial Hospitalization means continuous treatment consisting of not less than 4 hours and not more than 12 hours in any 24-hour period under a program based in a hospital or residential treatment facility. Two Partial Hospitalization days may be substituted for one inpatient day in a hospital or related institution.

Outpatient: When not Hospital confined, We will pay the Expenses incurred for outpatient services, up to a maximum of $2,000.00 per sickness (after a $10 co-pay per visit for in-network or a $10 deductible per Sickness for out of network).

Prescription Drug Expense: Prescription drugs as a result of an injury or Sickness up to a maximum of $1,500.00 per policy year. This includes drugs approved by the federal Food and Drug Administration for the treatment of certain types of cancer. We shall not exclude coverage of any such drug on the basis that such drug has been prescribed for the treatment of a type of cancer for which the drug has not been approved by the Federal Food and Drug Administration, provided the drug is recognized for treatment of the specific type of cancer for which the drug has been prescribed in one of the following established reference compendix: (1) The U.S. Pharmacopoeia Drug Information Guide for Health Care Professionals (USP DI); (2) The American Medical Association's Drug Evaluations (AMA DE); or (3) The American Society of Hospital Pharmacist's American Hospital Formulary Service Drug Information (AHFS-DI).

Alcohol and Substance Abuse Expense:

Inpatient: Treatment of alcoholism, alcohol abuse, substance abuse, or substance dependency, during a confinement in a Hospital, detoxification facility, or residential alcohol and substance treatment program for persons remanded to such programs for drunk driving, We will pay the R & C expenses as any other sickness.

Outpatient: Outpatient treatment of alcoholism, alcohol abuse, substance abuse, or substance dependency, in a Hospital or detoxification facility payable as any other Sickness.

MANDATED BENEFITS

Prostate Cancer Screening: Laboratory and diagnostic tests to screen for prostate cancer for men who are symptomatic, whose biological father or brother has been diagnosed with prostate cancer and for all men 50 years or older

Pregnancy Coverage: Normal pregnancy, complications of pregnancy, resulting childbirth, miscarriage or termination of pregnancy (except for elective abortion) on the same basis as a covered Sickness. Coverage includes a minimum inpatient stay of 48 hours for a vaginal delivery and 96 hours for a caesarean delivery. If the mother and newborn are discharged prior to this timeframe, after consultation with the Doctor, this plan will cover 2 follow up visits. The first visit must be within 48 hours of discharge and the second visit within 7 days.

Early Intervention: Medically necessary early intervention services for a Dependent child from birth until the child's third birthday, up to a maximum benefit of $3,200 per year and an aggregate benefit of $9,600 over the total three-year period. No payment made under this benefit shall be applied against the Aggregate Maximum amount.

Mammography Examination Expense: Mammography exams at the following intervals: (a) one or more mammograms a year, as recommended by a Doctor, for any woman who is at risk for breast cancer. For purposes of this benefit, "at risk" means: the woman has a personal history of breast cancer; the woman has a personal history of biopsy-proven benign breast disease; or the woman's mother, sister, or daughter has or has had breast cancer; (b) one baseline mammogram for any woman 35 through 39 years of age, inclusive; or (c) a mammogram every year for any woman 40 years of age or older.

Preventative Pediatric Care Expense: Benefits will be provided for periodic reviews provided at every 2 months between birth to 6 months, and every 3 months between 9 to 18 months, and then annually from 2 to 6 years. Services must be provided by or under the supervision of a single Doctor during the course of a visit. Preventative Pediatric Care means the periodic review of a Dependent child's physical and emotional health from birth through 6 years of age by or under the supervision of a Doctor. Periodic reviews shall include a medical history, complete physical examination, developmental assessment, anticipatory guidance, appropriate immunizations and laboratory tests in keeping with prevailing medical standards.

Cytologic Screening Expense: Cytologic screening (pap smear), once a year, or more frequently if recommended by a Doctor. Such benefits will include the examination, laboratory fee, and the Doctor's interpretation of the laboratory results.

Home Health Care Expense: Expenses for covered home health care service in lieu of Hospitalization, except if diagnosed by a Doctor as terminally ill with a prognosis of 6 months or less to live, after a $50.00 deductible, 75% of the

Expenses incurred, up to a maximum of 80 home health care visits in any calendar year or in any continuous period of 12 months for each Covered Person. Each 4 hours of home health aide service will count as one visit. In the case of a terminally ill Covered Person, no more than $200.00 for medical social services for any 12-month period will be paid for covered services.

Accidental Ingestion of Controlled Drugs Expense: Expenses for a Medical Emergency arising from accidental ingestion or consumption of a controlled drug limited to:

- **Inpatient:** While confined to a Hospital, Expense incurred up to a maximum of 30 days in any calendar year.
- **Outpatient:** While not Hospital confined, Expense incurred up to a maximum of $500.00 per calendar year.

Chiropractic Care Expense: Services rendered by a licensed chiropractor, to the same extent coverage is provided for services rendered by a Doctor, if such chiropractic services (1) treat a condition covered under this Plan and (2) are within those services a chiropractor is licensed to perform, Paid same as Doctor benefit.

Treatment of Leukemia and Removal of Tumors Expense: Surgical removal of tumors and treatment of leukemia, including outpatient chemotherapy, reconstructive surgery, cost of any non-dental prosthesis including maxillo-facial prosthesis used to replace anatomic structures lost during treatment for head and neck tumors or additional appliances essential for the support of such prosthesis, and outpatient chemotherapy following surgical procedure in connection with the treatment of tumors. Such benefits shall be subject to the same terms and conditions applicable to all other benefits under this Plan. We will pay a policy year benefit of: (1) $1,000 for removal of any breast implant (2) $700 for the surgical removal of tumors; (3) $700 for reconstructive surgery; (4) $700 for outpatient chemotherapy; and (5) $700 for prosthesis, except that for purposes of the surgical removal of breast due to tumors, the policy year benefit for prosthesis shall be at least $350 for each breast.

Hypodermic Needles or Syringes Expense: Doctor prescribed hypodermic needles or syringes for the purpose of administering medications for medical conditions, provided such medications are covered under this Plan.

Inherited Metabolic Disease Expense: Therapeutic treatment of Inherited Metabolic Disease, including the purchase of amino acid modified preparations and Low Protein Modified Food Products, when prescribed by and administered under the direction of a Doctor on the same basis as any other Sickness.

Inherited Metabolic Disease means a disease for which newborn screening is required under Connecticut law and is caused by an inherited abnormality of body chemistry.

Low Protein Modified Food Product means a product formulated to have less than one gram of protein per serving and intended for the dietary treatment of an inherited metabolic disease under the direction of a Doctor.

Diabetes Treatment Expense: Treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes and non-insulin using diabetes on the same basis as any other Sickness to include:

1. Medically necessary equipment, drugs and supplies, when prescribed by a Doctor.
2. Diabetes outpatient self-management training, including but not limited to education and medical nutrition therapy. Benefits shall cover: (1) Initial training visits provided to an individual after the individual is initially diagnosed with diabetes that are medically necessary for the care and management of diabetes, including but not limited to counseling in nutrition and the proper use of equipment and supplies for the treatment of diabetes, totaling a maximum of 10 hours; (b) training and education that is medically necessary as a result of a subsequent diagnosis by a Doctor of a significant change in the individual's symptoms or condition which requires modification of the individual's program of self-management of diabetes, totaling a maximum of four hours, and (c) training and education that is medically necessary because of the development of new techniques and treatment for diabetes totaling a maximum of 4 hours.

Lyme Disease Treatment Expense: Treatment, including not less than 30 days of intravenous antibiotic therapy, 60 days of oral antibiotic therapy, or both, and further treatment if recommended by a rheumatologist, infectious disease specialist or neurologist.

Mastectomy, Reconstructive Breast Surgery or Lymph Node Dissection Expense: Benefits for such surgery will be paid under the Surgery Benefits under Part B. Coverage will be provided for at least 48 hours of inpatient care following a mastectomy or lymph node surgery. Coverage will be provided for longer periods of inpatient care if it is recommended by the patient's treating Physician after conferring with the patient. We will also provide benefits for the reasonable costs of reconstructive surgery on each breast on which a mastectomy has been performed, and reconstructive surgery on a nondiseased breast to produce a

symmetrical appearance. This benefit is subject to the same terms and conditions applicable to all other benefits under this Policy.

Occupational Therapy Expense: We will pay a benefit, not to exceed 80% of the usual and reasonable charges, for the expenses incurred for occupational therapy received by a Covered Person as the result of a covered accident.

Ostomy Appliances and Supplies Expense: When a Covered Person incurs Medically Necessary expenses for surgical treatments that end in the phrase "ostomy" as defined in Connecticut law, We will pay the Ostomy Appliances and Supplies Expense up to a maximum benefit of $1,000 per condition. Under Connecticut law, ostomy appliances and supplies include, but are not limited to, collection devices, irrigation equipment and supplies, skin barriers and skin protectors.

Pain Management Benefit: We will pay the expenses incurred by a Covered Person for treatment by or under the management of a pain management specialist. We will also pay the expenses incurred for pain treatment ordered by such specialist. Such treatment may include all means necessary to make a diagnosis and develop a treatment plan including the use of necessary medications and procedures.

Anesthesia and In-hospital dental services: Medically necessary in or out patient treatment or 1 day dental for a Covered Person who is determined by a licensed dentist, in conjunction with a Doctor, to have a dental condition of significant dental complexity that it requires certain dental procedures to be performed in a Hospital or has a developmental delay disability if a Doctor determines medically necessary.

Cancer Routine Care: Routine patient care costs associated with cancer clinical trials as defined and specified in Public Act 01-101.

Hearing Aids for Children: Hearing aids for children twelve years of age and younger up to $1,000.00 in a 24-month period.

Colorectal Cancer Screening: Including, but not limited to an annual fecal occult blood test and colonoscopy, flexible sigmoidoscopy or radiologic imaging in accordance with the recommendation established by the American College of Gastroenterology after consultation with the American Cancer Society based on ages, family history and frequency provided in recommendations.

Specialized formula: When medically necessary for children up to age three for the treatment of a disease or condition and administered under the direction of physician as specified in Public Act 01-101.

Craniofacial Disorders: medically necessary orthodontic processes and appliances for the treatment of craniofacial disorders for Covered Persons eighteen years of age or younger if such processes and appliances are prescribed by a craniofacial team recognized by the American Cleft Palate-Craniofacial Association, except no coverage for cosmetic surgery.

Medical evacuation after hospital confinement .

If an additional passenger is required for a person to accompany the Covered Person for an emergency medical evacuation, We will pay the Covered Persons amount and also the Expense actually incurred for the additional passenger, up to a maximum benefit of $10,000.

Repatriation of Remains - This coverage is available for International Students Only

If a Covered Person dies, We will pay the reasonable covered expenses to return the Covered Person's body to his or her home country if he or she dies; not to exceed a maximum of $10,000. Covered expenses include expenses for embalming, cremation, coffins and transportation.

EXCLUSIONS

This Plan does not cover nor provide benefits for:

1. Treatment, services or supplies which are not medically necessary; are not prescribed by a Doctor as necessary to treat a Sickness or Injury; are determined to be experimental/investigational in nature by the Company; are received without charge or legal obligation to pay; would not routinely be paid in the absence of insurance; are received from any family member.
2. Expenses incurred as a result of loss due to war, or any action of war, declared or undeclared service in the armed forces of any country.
3. Expenses incurred as a result of suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane, except as specifically stated.
4. Injury or Sickness arising out of or in the course of employment which is compensable under any Workers' Compensation or Occupational Disease Act or Law.
5. Riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial scheduled airline.

6. Cosmetic surgery, except as the result of an Injury or Sickness occurring to the Covered Person. This exclusion shall also not apply to cosmetic surgery which is reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved body part and reconstructive surgery because of congenital disease or anomaly of a Covered Dependent child which has resulted in a functional defect.
7. Expenses incurred as a result of dental treatment, except as specifically stated.
8. Routine physicals, preventive medicines, serums or vaccines unless prescribed by a Doctor for the treatment of an injury or Sickness, except as specifically stated.
9. Eyeglasses, contact lenses, hearing aids, or prescriptions or examinations therefore, except as specifically provided.
10. Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay in the absence of insurance.
11. Elective abortions.
12. Services provided without charge by the Policyholder's Health Services, Infirmary or Hospital, or by health care providers employed by the Policyholder.
13. Elective surgery or elective treatment.

PRE-EXISTING CONDITIONS LIMITATION

Pre-existing Conditions shall be excluded from coverage for a period of 12 months following the effective date under the Policy. Routine follow-up care to determine whether a breast cancer has reoccurred in a Covered Person who has been previously determined to be breast cancer free shall not be considered as medical advice, diagnosis, care or treatment unless evidence of breast cancer is found during or as a result of such follow-up. Genetic information shall not be treated as a condition in the absence of a diagnosis of the condition related to such information. Pregnancy shall not be considered a pre-existing condition. This limitation shall only apply to part-time students. The limitation will not apply if:

1. The Covered Person has been covered under the Policy for more than 12 months; or
2. The individual seeking coverage under the Policy was previously covered under prior Creditable Coverage

which was continuous to a date not less than 120 days prior to the effective date of coverage under the Policy (150 days prior to the effective date of coverage under the Policy if prior Creditable Coverage terminated due to an involuntary loss of employment) provided the Covered Person applied for coverage under the Policy within 30 days of initial eligibility.

CLAIMS PROCEDURES

In the event of an Injury or Sickness the Covered Person should:

1. If at the University, report immediately to the University Health and Counseling Services so that proper treatment can be prescribed or approved, and obtain a claim form (www.consolidatedhealthplan.com); or
2. If away from the University or the University Health and Counseling Center is closed, consult a Doctor and obtain a claim form from Hilb Rogal & Hobbs (www.student-health-insurance.com).
3. Notify the Claims Administrator, Consolidated Health Plans, within 30 days after the date of the Injury or commencement of the Sickness, or as soon thereafter as is reasonably possible.
4. Complete the claim form in full.
5. The completed claim form should be mailed within 90 days from the date of Injury or from the date of the first medical treatment for a Sickness, or as soon as reasonably possible. Retain a copy for your records and mail a copy to the Claims Administrator, Consolidated Health Plans, at the address below.
6. Itemized medical bills must be attached to the claim form at the time of submission. Subsequent medical bills should be mailed promptly to the Claims Administrator at the address below. No additional claim forms are needed as long as the Insured Person's/Student's name and identification number are included on the bill.
7. Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim or payment of a claim to Claims Administrator, Consolidated Health Plans or Hilb Rogal & Hobbs, at the telephone numbers listed below:

REMEMBER THAT EACH INJURY OR SICKNESS IS A SEPARATE CONDITION AND A SEPARATE CLAIM FORM IS REQUIRED FOR EACH CONDITION. NO CLAIM WILL BE PROCESSED UNLESS THE STUDENT HEALTH INSURANCE CLAIM FORM IS ATTACHED.

Claims Administered By:
Consolidated Health Plans
195 Stafford Street
Springfield, MA 01104-3503
(800) 633-7867
www.consolidatedhealthplan.com

Servicing Agent:
Hilb Rogal & Hobbs
P.O. Box 232100, 10 State House Square
Hartford, CT 06123-2100
(800) 624-4184 or
(860) 278-1320
www.student-health-insurance.com

This brochure is a brief description of the Plan Benefits. The exact provisions governing the insurance are contained in the Master Policy issued to Connecticut State University. In the event of a discrepancy between this brochure and the Master Policy, the Master Policy will control.

The Plan is Underwritten By:
Guarantee Trust Life Insurance Company
Glenview, Illinois

Policy Number: 064-145-001-S

Coverage for Sickness insurance remains in effect until the expiration period for which premium has been paid, even though a student withdraws from the University except when such withdrawal is to enter military service at which time coverage will cease and a pro rata return premium will be made.

This brochure describes the Accident and Sickness Insurance Plans. Each full-time student enrolled at a Connecticut State University is (1) automatically covered under the Accident and Sickness Insurance upon such enrollment, and (2) may elect to waive the Sickness Insurance Plan by completing and returning the enclosed Sickness Insurance Waiver Card, and (3) may cover eligible dependents under the Accident and Sickness Insurance Plan (provided the student has been enrolled for the Sickness Insurance Plan) by making application and paying the required premium.

THIS POLICY MEETS CONNECTICUT'S MINIMUM STANDARDS FOR BASIC MEDICAL / SURGICAL EXPENSE INSURANCE. IT ALSO CONTAINS ADDITIONAL BENEFITS. PLEASE READ THIS BROCHURE CAREFULLY.

CSUS-0315
Addendum #2
December 27, 2007

Brochure 5
Domestic Student 2005-2006

2005 - 2006

Student Accident and Sickness Plan
Domestic Student Plan Brochure

Central Connecticut State University
Eastern Connecticut State University
Southern Connecticut State University
Western Connecticut State University

Herein called

Connecticut State University

Offered by:
Chickering Benefit Planning Insurance Agency, Inc.
Administered by:
Chickering Claims Administrators, Inc.
Underwritten by:
Aetna Life Insurance Company (ALIC)

Table of Contents

The Connecticut State University Student Accident and Sickness Plan

The Connecticut State University Student Accident and Sickness Plan has been developed especially for Connecticut State University students. The Plan provides coverage for illnesses and Injuries that occur on and off campus and includes special cost-saving features to keep the coverage as affordable as possible. Connecticut State University is pleased to offer this Plan as described in this Brochure.

Where to Find Help

Got Questions? Get Answers with Chickering's Aetna Navigator™

As a Chickering student health insurance member, you have access to Aetna Navigator™, your secure member website, packed with personalized benefits and health information. You can take full advantage of our interactive website to complete a variety of self-service transactions online.

By logging into Chickering's Aetna Navigator, you can:

- Review who is covered under your plan.
- Request member ID cards.
- View Claim Explanation of Benefits (EOB) statements.
- Estimate the cost of common health care services and procedures to better plan your expenses.
- Research the price of a drug and learn if there are alternatives.
- Find health care professionals and facilities that participate in your plan.
- Send an e-mail to Chickering Customer Service at your convenience.
- View the latest health information and news, and more!

How do I register?

- Go to ***www.chickering.com***
- Click on "Find Your School."
- Enter your school name and then click on "Search."
- Click on Aetna Navigator and then the "Access Navigator" link.
- Follow the instructions for First Time User by clicking on the "Register Now" link.
- Select a user name, password and security phrase.

Your registration is now complete, and you can begin accessing your personalized information!

Need help with registration?
Registration assistance is available toll free, Monday through Friday, from 7 a.m. to 9 p.m. Eastern Time at **(800) 225-3375**.

For Questions About:

- Enrollment
- Insurance Benefits
- Claims Processing
- Inpatient Admission Pre-Certification

Please contact:
Chickering Claims Administrators, Inc.
P.O. Box 15708
Boston, MA 02215-0014
(877) 375-4244

For Questions About ID Cards:

ID cards will be issued as soon as possible. If you need medical attention before the ID card is received, benefits will be payable in accordance with the Policy. **You do not need an ID card to be eligible to receive benefits.**

Note: Please be advised you will receive a unique Aetna member ID number on your membership card.

For lost ID cards, please contact:
Chickering Claims Administrators, Inc.
(877) 375-4244
or visit ***www.chickering.com***, click on "Find Your School" and search by school name. Click on the Help Center button on the left of your screen or the Navigator button to print a temporary ID card or request a new card.

For Questions About:

- Status of Pharmacy Claim
- Pharmacy Claim Forms
- Excluded Drugs and Pre-Authorization

Please contact:
Aetna Pharmacy Management
(800) 238-6279 (Available 24 hours)

For Provider Listings (Including a list of Preferred Care Pharmacies):

For a complete list of providers you can use Aetna's **DocFind®** Service at: ***www.chickering.com***, click on "Find Your School" and search by school name or enter your University Policy Number indicated on the front cover of this Brochure. Click on the DocFind button on the left side of your screen to search for Preferred Pharmacies.

Worldwide Web Access:

- The Chickering Group: ***www.chickering.com***

Connecticut State University Student Accident and Sickness Insurance Plan

This is a brief description of the Full-Time Accident Plan and the Full-Time Sickness Plan benefits available for domestic Connecticut State University students. The Plan is underwritten by Aetna Life Insurance Company (Aetna). The exact provisions governing this insurance are contained in the Master Policy. Call Chickering Claims Administrators, Inc. at **(877) 375-4244** for additional information. The Plan is administered by Chickering Claims Administrators, Inc., P.O. Box 15708, Boston, MA 02215-0014.

Policy Period

Students

Coverage under the Connecticut State University Student Health Insurance Plan is effective:

Annual Period: 12:01 a.m. on **August 1, 2005** through 12:01 a.m. on **August 1, 2006**.

Fall Semester: 12:01 a.m. on **August 1, 2005** through 12:01 a.m. on **January 17, 2005**.

Spring Semester: 12:01 a.m. on **January 17, 2006** through 12:01 a.m. on **August 1, 2006**.

Domestic Student Premium Rates

Matriculated Full-Time	Annual	Fall	Spring
Full-Time Student Sickness Plan	$561.00	$280.00	$281.00
Spouse Accident & Sickness	$951.00	$475.00	$476.00
Children Accident & Sickness	$563.00	$281.00	$282.00

Matriculated Part-Time	Annual	Fall	Spring
Part-Time Accident & Sickness Plan	$885.00	$442.00	$443.00

Premium Refund Policy

Except for medical withdrawal due to a covered Accident or Sickness, any student withdrawing from school during the first 31 days of the period for which coverage is purchased shall not be covered under the Policy and a full refund of the premium will be made. Students withdrawing after such 31 days will remain covered under the Policy for the full period for which premium has been paid, no refund will be allowed.

Please Note: The eligibility requirements defined in this Brochure must be met and maintained throughout the Policy Year. The Chickering Group in conjunction with Connecticut State University maintains the right to investigate student status and attendance records to verify that Policy eligibility requirements have been met. If we discover that Policy eligibility requirements have not been met, our only obligation is a refund of premium. Eligibility requirements must be met each time a premium is paid to continue coverage.

A Covered Person entering the armed forces of any country will not be covered under the Policy as of the date of such entry. A pro-rata refund of premium will be made for such person, and any covered dependents upon written request received by Chickering Claims Administrators, Inc. within 90 days of withdrawal from school.

Student Eligibility Requirements

Full-Time Domestic Students – Accident Plan
All full-time registered domestic students enrolled at Connecticut State University are automatically enrolled in the Full time Accident Plan as part of the University General Fee. You are covered 24 hours a day on and off campus.

Full-Time Domestic – Sickness Plan
All full-time domestic students are required to participate in this Plan, unless you can provide proof of comparable coverage by submitting a waiver by the published deadline dates. Any waivers received after the published deadline will not be accepted. Failure to complete the on-line waiver process, within the University's specified waiver period, will result in an annual premium of $561 (for the Sickness Plan) added to your tuition bill.

Part-Time Domestic Students – Accident and Sickness Plan
All part-time students who are taking a minimum of six credit hours of an accredited degree-seeking program are eligible to enroll in the Accident and Sickness Plan on a voluntary basis. We maintain the right to investigate student status and attendance records to verify that Policy eligibility requirements have been met. If we discover that Policy eligibility requirements have not been met, our only obligation is a refund of premium. Eligibility requirements must be met each time a premium is paid to continue coverage.

Dependent Coverage

If you are enrolled in the Student Accident and Sickness Insurance Plan you may also enroll your dependent children or spouse who reside with you.

Newborn Infant Coverage and Adopted Child Coverage

A child born to a Covered Person shall be covered for Accident, Sickness, and congenital defects for 31 days from the date of birth. At the end of this 31-day period, coverage will cease under the Connecticut State University Student Health Insurance Plan. To continue coverage you must complete and return the Dependent Enrollment Form to the Chickering Group.

Enrollment Waiver Deadline Dates

Fall	9/16/05
Spring	2/10/06

If you are eligible for coverage due to loss of other comparable coverage, and wish to join the Plan after these enrollment-waiver deadlines, you must present documentation from your former insurance company that is no longer providing you with health insurance. Your effective date under this Plan will be the date the former insurance expired, if you make the request for coverage within 31 days after it expires. Please contact The Chickering Group who will inform you of your premium payment.

Pre-Existing Condition/Continuously Insured Provisions (Part-Time Students Only)

Pre-Existing Conditions

The definition of a Pre-Existing Condition is any Injury, Sickness, or condition that was diagnosed or treated, or would have caused a person to seek diagnosis or treatment within six months prior to the Covered Person's effective date of insurance under this Plan. The limitation will not apply if:

1. The covered person has been on the Connecticut State University Policy for more than 12 months; or
2. The individual seeking coverage under this Policy was previously covered under prior Creditable Coverage which was continuous to a date not less than 120 days prior to the effective date of coverage under this Policy. **Note:** (150 days prior to the effective date of coverage under this Policy if prior Creditable Coverage terminated due to an involuntary loss of employment).

Limitations

Expenses incurred by a Covered Person as a result of a Pre-Existing Condition will not be considered Covered Medical Expenses unless no charges are incurred or treatment rendered for the condition for a period of six months while covered under the Policy, or the Covered Person has been covered under the Policy for 12 consecutive months, whichever is less.

Routine follow-up care to determine whether a breast cancer has reoccurred in a Covered Person who has been previously determined to be breast cancer free shall not be considered as medical advice, diagnosis, care or treatment unless evidence of breast cancer is found during or as a result of such follow-up. Genetic information shall not be treated as a condition related to such information. Pregnancy shall not be considered a pre-existing condition.

Please Note: The Pre-Existing limitation only applies to part-time students.

Special Rules as to a Pre-Existing Condition

If a Covered Person has creditable coverage and such coverage ceased within 120 days prior to the date they enrolled in the Policy, then any limitation as to a Pre-Existing Condition under the Policy will apply for that Covered Person only to the extent that such limitation would have applied under the prior creditable coverage.

"Creditable coverage" is a person's prior medical coverage as defined in HIPPA. Such coverage includes coverage issued on a group or individual basis; Medicare; Medicaid; military-sponsored health care; a program of the Indian Health Service; a state health benefits risk pool; the Federal Employee's Health Benefit Plan (FEHBP); a public health plan as defined in the regulations; and any health benefit plan under Section 5(e) of the Peace Corps Act.

Continuously Insured

Persons who have remained continuously insured under the Policy and other prior health insurance policies will be covered for any Pre-Existing Condition that manifests itself while continuously insured, except for expenses payable under prior policies in the absence of the Policy. Previously Covered Persons must re-enroll for coverage by the indicated enrollment deadlines in order to avoid a break in coverage for conditions that existed in the prior Policy Year. Once a break in continuous coverage occurs, the definition of Pre-Existing Conditions will apply.

Connecticut State University Health and Counseling Services

As a full-time student, you are entitled to receive care at the University Health and Counseling Services. This Student Accident and Sickness Insurance Plan provides benefits to help cover costs for care that cannot be provided or treated by the University Health and Counseling Services.

It is strongly suggested that the student seek care at their University Health and Counseling Services rather than obtaining health services from outside sources whenever possible.

University Health and Counseling Services are not available to the Student's Spouse or Dependent Children.

Preferred Provider Organization (PPO) Network

The Chickering Group has arranged for you to access a national PPO Network. Acute care facilities and mental health networks are also available nationally if you require treatment or hospitalization outside the immediate area of the Connecticut State University campuses. The Connecticut State University Student Health Insurance Plan for the 2005-2006 Policy Year has a PPO Network through Aetna. It is to your advantage to use a Preferred Provider because significant savings can be achieved from the substantially lower rates these providers have agreed to accept as payment for their services. Preferred Providers are independent contractors and are neither employees nor agents of Connecticut State University, Chickering Claims Administrators, Inc., or Aetna. You may obtain a complete listing of Preferred Providers by contacting Chickering Claims Administrators, Inc. at **(877) 375-4244** or by accessing Aetna's DocFind® Service at: ***www.chickering.com***, click on "Find Your School" search by school name.

Inpatient Admission Pre-Certification Program

Pre-admission certification is required for all inpatient admissions, including length of stay and must be certified by contacting Chickering Claims Administrators, Inc.

Pre-Certification does not guarantee the payment of benefits for your inpatient admission. Each claim is subject to medical Policy review, in accordance with the exclusions and limitations contained in the Policy, as well as a review of eligibility, adherence to notification guidelines, and benefit coverage under the Student Accident and Sickness Plan.

Pre-Certification of Non-Emergency Inpatient Admissions

The patient, Physician, or hospital must telephone at least three business days prior to the planned admission.

Notification of Emergency Admissions

The patient, patient's representative, Physician, or hospital must telephone within one business day following admission.

The above Pre-Certification provision will not operate to deny benefits for Medically Necessary inpatient hospital confinements. This includes such confinements for mental and nervous disorders, biologically based mental illnesses, and substance abuse for which coverage is required by the State of Connecticut.

Chickering Claims Administrators, Inc.
Attention: Managed Care Dept.
P.O. Box 15708
Boston, MA 02215-0014
(877) 375-4244

Description of Benefits

In order to maximize your savings and to reduce out-of-pocket expenses, select a Preferred Provider from the list of physicians on the insurance plan to serve as your primary care physician. It is to your advantage to use a Preferred Provider because significant savings can be achieved from the substantially lower rates these providers have agreed to accept as payment for their services. Non-Preferred Care is subject to the Reasonable Charge allowance maximums. It is strongly suggested that you use the campus health service for your medical or mental health services whenever possible, since they are cost effective and convenient.

You may obtain a complete listing of Preferred Providers by contacting Chickering Claims Administrators, Inc. at **(877) 375-4244** or by accessing Aetna's DocFind® Service at: ***www.chickering.com***, click on "Find Your School" enter school name and click on the DocFind button on the left of your screen.

This Plan always pays benefits in accordance with any applicable Connecticut Insurance Law(s).

Summary of Benefits Chart

The following chart shows a summary of the benefits coverage for domestic students. The following benefits are subject to the imposition of Policy limits and exclusions.

Mandatory Accident Benefits	
Aggregate Plan Maximum	$25,000 per accident.
Accident Expenses Benefit	When an Injury occurs and requires: (a) treatment by a Doctor/surgeon; (b) Hospital Confinement; (c) services of a licensed nurse practitioner or RN; (d) x-ray services; (e) use of operating room, anesthesia, laboratory services; (f) prescribed medicines, plaster casts, surgical dressings; or (g) use of an ambulance; covered expenses are payable as follows when the expense is incurred within 104 weeks from the date of the Accident: ***Preferred Care:*** 100% of the Negotiated Charge. ***Non-Preferred Care:*** 100% of the Reasonable Charge.
Emergency Treatment for Accidental Ingestions of Controlled Drugs	Covered Medical Expenses are payable as follows: ***Outpatient:*** As any other Accident up to a maximum of $500 per Policy Year. ***Inpatient:*** Covered Medical Expenses for the emergency treatment of Accidental Ingestion of Controlled Drugs while confined as an inpatient in a hospital or facility licensed for such treatment are payable on the same basis as for any other Accident. Treatment is limited to a maximum of 30 days per Policy Year.
Accidental Dental Expenses	Covered Medical Expenses are payable up to a maximum of $2,500 per injury for the treatment of an Injury to sound, natural teeth.
Official Travel Accident Expenses	Covered Medical Expenses are payable up to a maximum of $1,000 per injury for the treatment of an injury resulting while traveling to or from an official school activity.

Benefits under the Accident Insurance Plan are paid on an excess basis. This means no expense is covered if it would be covered by another health care plan in the absence of this insurance. The Accident Plan supplements, not replaces, other health care coverage.

Sickness Expense Benefit	
Aggregate Plan Maximum	$25,000 per Sickness.
Preferred Care	100% of the Negotiated Charge when the expense is incurred within 52 weeks of the onset of the Sickness unless stated otherwise.
Non-Preferred Care	100% of the Reasonable Charge when the expense is incurred within 52 weeks of the onset of the Sickness unless stated otherwise.
Inpatient Hospitalization Benefits	
Hospital Room and Board Expenses	Covered Medical Expenses are payable up to a maximum of $500 per day for a Semi-private room rate for an overnight stay.
Intensive Care Unit Expenses	Covered Medical Expenses are payable up to a maximum of $1,000 per day for an overnight stay.
Miscellaneous Hospital Expenses	Covered Medical Expenses are payable up to a maximum of $700 per hospital confinement. Once charges exceed $700 benefits are payable as follows: ***Preferred Care:*** 80% of the Negotiated Charge. ***Non-Preferred Care:*** 80% of the Reasonable Charge. Covered Medical Expenses include, but are not limited to: laboratory tests, x-rays, anesthesia, use of special equipment, medicines and use of operating room.
Physician Hospital Visit Expenses	Covered Medical Expenses for charges for the non-surgical services of The attending Physician or a consulting Physician are payable up to $75 for the first visit and $60 for each visit thereafter up to a maximum of $1,300 per sickness.
Licensed Nurse Expenses	Covered Medical Expenses for services for full-time nursing care by a Registered Nurse (RN) while confined to a Hospital and when recommended by a Doctor, up to $60 per 8 hour shift, up to a maximum of $1,800 per Sickness.
Surgical Benefits (Inpatient and Outpatient)	
All Covered Medical Expenses in this section are subject to a $3,000 per Sickness benefit maximum.	
Surgical Expenses	Covered Medical Expenses for charges for surgical services performed by a Physician.
Anesthetist Expenses & Assistant Surgeon Expenses	Covered Medical Expenses for the charges of an anesthetist and an assistant surgeon during a surgical procedure for surgical services performed during a surgical operation are payable as follows: ***Preferred Care:*** 80% of the Surgical Allowance. ***Non-Preferred Care:*** 80% of the Surgical Allowance.

Outpatient Benefits	
All Covered Medical Expenses for Outpatient services are payable up to a maximum of $1,500 for each covered Sickness unless otherwise stated. Covered Medical Expenses include, but are not limited to: Physician's office visits, hospital or out-patient department or emergency room visits, durable medical equipment, physical therapy, clinical lab, radiological facility or other similar facility licensed by the state.	
Physician's Office Expenses	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge after a $10 Copay per visit. ***Non-Preferred Care:*** 100% of the Reasonable Charge after a $10 Deductible per Sickness.
Emergency Care Expenses	Covered Medical Expenses for treatment of an Emergency Medical Condition are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge after a $10 Copay per visit. ***Non-Preferred Care:*** 100% of the Reasonable Charge after a $10 Deductible per Sickness.
Lab and X-Ray Expenses *(Non-Hospital)*	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge after a $10 Copay per visit. ***Non-Preferred Care:*** 100% of the Reasonable Charge after a $10 Deductible per Sickness.
Mental Health and Substance Abuse Benefits	
Inpatient Expenses – Mental or Emotional Illness or Disorder	Covered Medical Expenses for the treatment of a mental health condition while confined as an inpatient in a hospital or facility licensed for such treatment are payable on the same basis as for any other Sickness. Covered Medical Expenses also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis by contacting Chickering Claims Administrators Inc. When approved, benefits will be payable in place of an inpatient admission, whereby two days of partial hospitalization may be exchanged for one day of full hospitalization.
Outpatient Expenses – Mental or Emotional Illness or Disorder	Covered Medical Expenses for the care or treatment of a mental health condition by a licensed or accredited health service organization or hospital or by a licensed practitioner are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge after a $10 Copay per visit. ***Non-Preferred Care:*** 100% of the Reasonable Charge after a $10 Deductible per Sickness. Benefits are payable up to a maximum of $2,000 per Sickness.

Mental Health and Substance Abuse Benefits (continued)	
Inpatient Expenses – Alcohol and Substance Abuse	Covered Medical Expenses for the treatment of alcohol/substance abuse while confined as an inpatient in a hospital or facility licensed for such treatment are payable on the same basis as for any other Sickness. Covered Medical Expenses also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis by contacting Chickering Claims Administrators Inc. When approved, benefits will be payable in place of an inpatient admission, whereby two days of partial hospitalization may be exchanged for one day of full hospitalization.
Outpatient Expenses – Alcohol and Substance Abuse	Covered Medical Expenses for the care or treatment of alcohol/substance abuse by a licensed or accredited health service organization or hospital or by a fully licensed practitioner are payable on the same basis as for any other Sickness.
Other Benefits	
Ambulance Expenses	Covered Medical Expenses are payable at 100% of the Reasonable Charge to a maximum set by the Department of Public Health in accordance with Connecticut General Statutes section 19a-177 when required due to the emergency nature of a covered Sickness.
Dental Expenses	Covered Medical Expenses are payable on the same basis as any other surgical expense for the removal of impacted wisdom teeth up to a maximum of $3,000 per Sickness.
High Cost Procedure Expenses *(Diagnostic Allowance includes MRI, CAT Scan, echocardiogram, etc.)*	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 80% of the Negotiated Charge. ***Non-Preferred Care:*** 80% of the Reasonable Charge. Covered Medical Expenses are subject to a $1,500 benefit maximum per covered Illness.
Prescription Drug Expenses	Covered Medical Expenses for outpatient Prescription Drugs associated with a covered Sickness or covered Accident occurring during the Policy Year, are payable as follows: ***Preferred Care:*** 100% of Negotiated Rate. ***Non-Preferred Care:*** 100% of Reasonable Charge for each Prescription Drug dispensed at a Non-Participating Pharmacy. **Please note:** You are required to pay in full at the time of service for all Prescriptions dispensed at a Non-Participating Pharmacy. Covered Medical Expenses are payable up to a maximum of $2,000 per Policy Year.

Other Benefits (continued)	
Prescription Drug Expenses *(continued)*	Medications not covered by this benefit include, but are not limited to: allergy sera, drugs whose sole purpose is to promote or to stimulate hair growth, appetite suppressants, smoking deterrents, immunization agents and vaccines, and non-self injectables.
	Coverage for the following state mandated benefits will be covered on the same basis as any other benefit covered by this Plan unless otherwise indicated.
Women's Health Benefit Expenses *(No Referral Required)*	Covered Medical Expenses include expenses for an annual Pap smear on the same basis as any outpatient expenses for women age 18 and older. If follow-up diagnostic Pap smears are Medically Necessary, they will be covered on the same basis as any other outpatient expense.

Mammogram Expenses *(No Referral Required)*	Covered Medical Expenses are payable on the same basis as any other expense. Coverage is provided for:
	• one or more mammograms a year, as recommended by a Doctor, for any woman who is at risk for breast cancer. For purposes of this benefit, "at risk" means:
	  • the woman has a personal history of breast cancer;
	  • the woman has a personal history of biopsy-proven benign breast disease; or
	  • the woman's mother, sister, or daughter has or has had breast cancer;
	• a baseline mammogram for a woman aged 35 to 40 years; and,
	• an annual mammogram for a woman aged 40 or older, or more frequently if recommended by the woman's Physician.

Early Intervention Expenses	Medically necessary early intervention services for a Dependent child from birth until the child's third birthday, up to a maximum benefit of $3,200 per year and an aggregate benefit of $9,600 over the total three-year period. No payment made under this benefit shall be applied against the Aggregate Maximum amount.
Maternity Expenses *(No Referral Required)*	Covered Medical Expenses for pregnancy, childbirth, and complications of pregnancy are payable on the same basis as any other Sickness. In the event of an inpatient confinement, such benefits would be payable for inpatient care of the Covered Person, and any newborn child, for a minimum of 48 hours after a vaginal delivery and for a minimum of 96 hours after a cesarean delivery. Any decision to shorten such minimum coverages shall be made by the attending Physician in consultation with the mother and done in accordance with the rules and regulations promulgated by the Department of Public Health. In such cases, Covered Medical Expenses may include home visits, parent education, and assistance and training in breast or bottle feeding.

Other Benefits (continued)	
Tumor and Leukemia Expenses	Surgical removal of tumors and treatment of leukemia, including outpatient chemotherapy, reconstructive surgery, cost of any non-dental prosthesis including maxillo-facial prosthesis used to replace anatomic structures lost during treatment for head and neck tumors or additional appliances essential for the support of such prosthesis, and outpatient chemotherapy following surgical procedure in connection with the treatment of tumors. Such benefits shall be subject to the same terms and conditions applicable to all other benefits under this Plan. We will pay a policy year benefit of (1) $1,000 for the removal of any breast implant (2) $700 for the surgical removal of tumors (3) $700 for reconstructive surgery; (4) $700 for outpatient chemotherapy and (5) $700 for prosthesis, except that for the purposes of the surgical removal of breast due to tumors, the policy year benefit for prosthesis shall be at least $350 for each breast.
Home Health Care Expenses	Expenses for covered home health aide service in lieu of Hospitalization, except if diagnosed by a Doctor as terminally ill with a prognosis of six months or less to live. Covered Medical Expenses are payable as described below if expenses are incurred within the first 12 months from the date of the first home health care visit. A $50 annual Deductible applies. ***Preferred Care:*** 75% of the Negotiated Charge. ***Non-Preferred Care:*** 75% of the Reasonable Charge. Covered Medical Expenses are payable up to a maximum of 80 visits per Policy Year. Four hours of home health aide services shall be considered one home health care visit. Covered Medical Expenses include, but are not limited to: 1) Part-time nursing care by or supervised by a registered nurse (RN); 2) Part-time home health aide service which consists mainly of caring for the patient; 3) Physical, occupational, or speech therapy; or, 4) Medical supplies, drugs, medicines, and lab tests prescribed by a Physician. Each four hours of home health aide will count as one visit. In the case of a terminally ill Covered Person, no more than $200.00 for medical social services for any 12-month period will be paid for covered services.

Other Benefits (continued)	
Diabetic Treatment and Supplies Expenses *(Please Note: Insulin syringes, and diabetic testing supplies are covered under the Prescription Drug portion of the Plan)*	Covered Medical Expenses incurred for diabetic treatment, other than those provided under the Prescription Drug portion of the Plan, are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge. ***Non-Preferred Care:*** 100% of the Reasonable Charge.
Craniofacial Disorders	Covered Medical Expenses include charges incurred for orthopedic processes and appliances for treatment of craniofacial disorders for Covered Persons age 18 or younger. Covered Medical Expenses are payable on the same basis as any other expense.
Lyme Disease Treatment Expenses	Covered Medical Expenses include not less than 30 days of intravenous antibiotic therapy, 60 days of oral antibiotic therapy, or both, and further treatment if recommended by a rheumatologist, infectious disease specialist or neurologist.
Hearing Aids for Children Expenses	Covered Medical Expenses include hearing Aids for children 12 years of age and younger up to $1,000 in a 24 month period.
Prostate Cancer Screening Expenses	Covered Medical Expenses include, but are not limited to, prostate specific antigen (PSA) tests, to screen for prostate cancer for men who are symptomatic, whose biological father or brother have been diagnosed with prostate cancer, and for all men aged 50 and older. Covered Medical Expenses are payable on the same basis as any other expense.
Colorectal Cancer Screening Expenses	Covered Medical Expenses include charges incurred by a Covered Person who is non-symptomatic and age 50 or more or who is symptomatic and under age 50 for colorectal cancer examination and for the following tests: • One fecal occult blood test every 12 consecutive months; • A sigmoidoscopy at age 50 and every 3 years thereafter; • One digital rectal exam every 12 consecutive months; • A double contrast barium enema every 5 years; and, • A colonoscopy every 10 years. Covered Medical Expenses are payable on the same basis as any expense.
Prescription Contraceptive Medical Expenses	Covered Medical Expenses are payable on the same basis as any expense. Covered Medical Expenses also include any expenses incurred for office visits in conjunction with the administration of a covered prescription contraceptive.

Other Benefits (continued)	
Prescription Contraceptive Medical Expenses *(continued)*	Coverage of oral contraceptives, Lunelle, Depo-Provera, Patch and Ring are provided under the separate Prescription Drug Benefit portion of the Plan.
Cancer Routine Care Expenses	Covered Medical Expenses include routine patient care costs associated with cancer clinical trials.
Preventative Pediatric Care Expenses	Benefits will be provided for periodic reviews every two months between birth to six months, every three months between nine to 18 months, and then annually from two to six years. Services must be provided by or under the supervision of a single Physician during the course of a visit. Preventative Pediatric Care means the periodic review of a Dependent child's physical and emotional health from birth through six years of age by or under the supervision of a Physician. Periodic reviews shall include a medical history, complete physical examination, developmental assessment, anticipatory guidance, appropriate immunizations and laboratory tests in keeping with prevailing medical standards.
Chiropractic Care Expenses	Covered Medical Expenses will be payable for services rendered by a licensed chiropractor, to the same extent coverage is provided for services rendered by a Physician, if such chiropractic services (1) treat a condition covered under this Plan and (2) are within those services a chiropractor is licensed to perform. Payable as any other Physician benefit.
Hypodermic Needles or Syringes Expenses	Physician prescribed hypodermic needles or syringes for the purpose of administering medications for medical conditions, provided such medications are covered under this Plan.
Inherited Metabolic Disease Expenses	Covered Medical Expenses include therapeutic treatment of Inherited Metabolic Disease, including the purchase of amino acid modified preparations and Low Protein Modified Food Products, when prescribed by and administered under the direction of a Physician payable on the same basis as any other Sickness. Inherited Metabolic Disease means a disease for which newborn screening is required under Connecticut law and is caused by an inherited abnormality of body chemistry. Low Protein Modified Food Product means a product formulated to have less than one gram of protein per serving and intended for the dietary treatment of an inherited metabolic disease under the direction of a Physician.

Other Benefits (continued)	
Mastectomy, Reconstructive Breast Surgery or Lymph Node Dissection Expenses	Covered Medical Expenses for such surgery will be paid under the Surgery Benefits. Coverage will be provided for at least 48 hours of inpatient care following a mastectomy or lymph node surgery. Coverage will be provided for longer periods of inpatient care if it is recommended by the patient's treating Physician after conferring with the patient. We will also provide benefits for the reasonable costs of reconstructive surgery on each breast on which a mastectomy has been performed, and reconstructive surgery on a non-diseased breast to produce a symmetrical appearance. This benefit is subject to the same terms and conditions applicable to all other benefits under this Policy.
Occupational Therapy Expenses	Covered Medical Expenses will be considered at 80% of the Reasonable Charges for expenses incurred for occupational therapy received by a Covered Person as the result of a covered accident.
Ostomy Appliances and Supplies Expenses	Covered Medical Expenses incurred by a Covered Person which are Medically Necessary expenses for surgical treatments that end in the phrase "ostomy" as defined in Connecticut law. Reimbursement will be made for the Ostomy Appliances and Supplies up to a maximum benefit of $1,000 per condition. Under Connecticut law, ostomy appliances and supplies include, but are not limited to, collection devices, irrigation equipment and supplies, skin barriers and skin protectors.
Pain Management Benefit Expenses	Covered Medical Expenses include the expenses incurred by a Covered Person for treatment by or under the management of a pain management specialist. This includes expenses incurred for pain treatment ordered by such specialist. Such treatment may include all means necessary to make a diagnosis and develop a treatment plan including the use of necessary medications and procedures.
Anesthesia and In-hospital Dental Services Expenses	Covered Medical Expenses incurred for Medically Necessary in or out patient treatment or one day dental treatment for a Covered Person who is determined by a licensed dentist, in conjunction with a Physician, to have a dental condition of significant dental complexity that it requires certain dental procedures to be performed in a Hospital or has a developmental delay disability if a Physician determines Medically Necessary.
Specialized Formula Expenses	When medically necessary for children up to age three for the treatment of a disease or condition and administered under the direction of physician as specified in Public Act 01-101.

General Provisions

State Mandated Benefits

The Plan will always pay benefits in accordance with any applicable Connecticut State Insurance Law(s).

Subrogation/Reimbursement Right of Recovery Provision

Immediately upon paying or providing any benefit under this Plan, Aetna shall be subrogated to all rights of recovery a Covered Person has against any party potentially responsible for making any payment to a Covered Person, due to a Covered Person's Injuries or illnesses, to the full extent of benefits provided, or to be provided by Aetna. In addition, if a Covered Person receives any payment from any potentially responsible party, as a result of an Injury or illness, Aetna has the right to recover from, and be reimbursed by, the Covered Person for all amounts this Plan has paid, and will pay as a result of that Injury or illness, up to and including the full amount the Covered Person receives, from all potentially responsible parties. A "Covered Person" includes, for the purposes of this provision, anyone on whose behalf this Plan pays or provides any benefit, including but not limited to the minor child or Dependent of any Covered Person, entitled to receive any benefits from this Plan.

As used in this provision, the term "responsible party" means any party possibly responsible for making any payment to a Covered Person or on a Covered Person's behalf due to a Covered Person's Injuries or illness or any insurance coverage responsible making such payment, including but not limited to:

- Uninsured motorist coverage;
- Underinsured motorist coverage;
- Personal umbrella coverage;
- Med-pay coverage;
- Workers compensation coverage;
- No-fault automobile insurance coverage; or
- Any other first party insurance coverage.

The Covered Person shall do nothing to prejudice Aetna's subrogation and reimbursement rights. The Covered Person shall, when requested, fully cooperate with Aetna's efforts to recover its benefits paid. It is the duty of the Covered Person to notify Aetna within 45 days of the date when any notice is given to any party, including an attorney, of the intention to pursue or investigate a claim, to recover damages, due to Injuries sustained by the Covered Person.

The Covered Person acknowledges that this Plan's subrogation and reimbursement rights are a first priority claim against all potential responsible parties, and are to be paid to Aetna before any other claim for the Covered Person's damages. This Plan shall be entitled to full reimbursement first from any potential responsible party payments, even if such payment to the Plan will result in a recovery to the Covered Person, which is insufficient to make the Covered Person whole, or to compensate the Covered Person in part or in whole for the damages sustained. This Plan is not

required to participate in or pay attorney fees to the attorney hired by the Covered Person to pursue the Covered Person's damage claim. In addition, this Plan shall be responsible for the payment of attorney fees for any attorney hired or retained by this Plan. The Covered Person shall be responsible for the payment of all attorney fees for any attorney hired or retained by the Covered Person or for the benefit of the Covered Person.

The terms of this entire subrogation and reimbursement provision shall apply. This Plan is entitled to full recovery regardless of whether any liability for payment is admitted by any potentially responsible party, and regardless of whether the settlement or judgment received by the Covered Person identifies the medical benefits this Plan provided. This Plan is entitled to recover from any and all settlements or judgments, even those designated as "pain and suffering" or "non-economic damages" only.

In the event any claim is made that any part of this subrogation and reimbursement provision is ambiguous or questions arise concerning the meaning or intent of any of its terms, the Covered Person and this Plan agree that Aetna shall have the sole authority and discretion to resolve all disputes regarding the interpretation of this provision.

Additional Services and Discounts

As a participant in the Student Health Insurance Plan, you can also take advantage of the following services, discounts, and programs. These services, discounts, and programs are not underwritten by Aetna.

Vision One® Discount Program	The Vision One Discount Program helps you save on many eye care products, including eyeglasses, contact lenses, non-prescription sunglasses, contact lens solutions and other eye care accessories. Plus, you can receive up to a 25% discount on LASIK surgery (the laser vision correction procedure). Call **(800) 793-8616** for additional Program information and provider locations, or simply log onto ***www.chickering.com***, click on "Find Your School" enter school name to find a Vision One provider near you.
Informed Health® Line Service	Aetna's Informed Health® Line gives you easy access to credible health information. All Informed Health Line services are available 24 hours a day, 365 days a year on demand from any touch-tone phone or computer within the United States (including Alaska and Hawaii). **1. 24-Hour Nurse Line** Call our toll free number to access registered nurses* who are experienced in providing information on a variety of health topics. The nurses can help you: • Learn about medical procedures and possible treatment options. • Improve the way you communicate with your health care providers. Find out how to describe health symptoms more effectively, ask the right questions and provide a clear history of your eating, exercise and lifestyle habits.

Additional Discounts and Services (continued)	
Informed Health® Line Service *(continued)*	To reach an Informed Health® Line Nurse, please call **(800) 556-1555** For TDD (hearing and speech impaired only): **(800) 270-2386** **2. Audio Health Library** The Informed Health® Line audio health library contains information on thousands of health topics such as common conditions and diseases, gender- and age-specific health issues, dental care, mental health and substance abuse, weight loss and much more. To access the audio health library system, call the Informed Health Line toll-free number and simply enter the topic codes you're interested in. And if you have questions, you can transfer easily to an Informed Health Line nurse at any time. To access the Informed Health Line audio health library, please call **(800) 556-1555** For TDD (hearing and speech impaired only): **(800) 270-2386** **3. Healthwise® Knowledgebase** If you prefer to view health information online, simply log on to your Aetna Navigator account and click on "Take Action On Your Health" which will link you to the Healthwise® Knowledgebase, one of the most advanced health databases available. The Healthwise Knowledgebase contains detailed information about health conditions, medical tests and procedures, medications and treatment options. It also features illustrations and decision-focused tools to help you make more informed health care decisions. ** Informed Health Line nurses cannot diagnose, prescribe or give medical advice. Contact your physician with any questions or concerns regarding your health care needs. Also, the topics discussed by the nurses, on the audio tapes or online may not necessarily be covered by your health plan.*
Fitness Program	Aetna's Fitness Program, offered in conjunction with GlobalFit™, offers discounted membership rates at over 1,500 independent fitness clubs nationwide, as well as discounts on certain home exercise equipment. There are no long term contracts and GlobalFit offers convenient payment options. Contact Chickering Claims Administrators, Inc. for more information.

Additional Services and Discounts (continued)	
Alternative Health Care Programs	Save money on many alternative therapies and products through our Alternative Health Care Programs. Take advantage of discounted rates on chiropractic manipulation, acupuncture and massage therapy, and nutritional counseling. Through participating retailers, you can also save on vitamins, supplements, and natural products such as aromatherapy, yoga tools, and homeopathy. These participating providers and vendors are independent contractors and are neither agents nor employees of Connecticut State University, Chickering, or Aetna.

Optional Dental	
Vital Savings	Vital Savings by Aetna℠ – offers you a great way to get significant discounts on Dental services. The Vital Savings card gives you access to substantial savings on dental care. The cost is $25 for students for annual membership **September 1, 2005** through **August 31, 2006**. For complete details and to enroll, visit ***www.chickering.com***. Click on "Find Your School" and search by school name.

Definitions

Accident: An occurrence which (a) is unforeseen, (b) is not due to or contributed to by Sickness or disease of any kind, and (c) causes Injury.

Actual Charge: The Actual Charge made for a covered service by the provider that furnishes it.

Aggregate Maximum: The maximum benefit that will be paid under the Policy for all Covered Medical Expenses incurred by a Covered Person that accumulate from one year to the next.

Brand-Name Prescription Drug or Medicine: A Prescription Drug which is protected by trademark registration.

Coinsurance: The percentage of Covered Medical Expenses payable by Aetna under the Accident and Sickness Insurance Plan.

Copay: The amount that must be paid by the Covered Person at the time services are rendered by a Preferred Provider. Copay amounts are the responsibility of the Covered Person.

Covered Medical Expenses: Those charges for any treatment, service, or supplies covered by the Policy which are: (a) not in excess of the Reasonable Charges; or, (b) not in excess of the charges that would have been made in the absence of this coverage; and, (c) incurred while the Policy is in force as to the Covered Person except with respect to any expenses payable under the Extension of Benefits provision.

Covered Person: A covered student and any covered dependent whose coverage is in effect under the Policy. See the Eligibility sections of this Brochure for additional information.

Deductible: A specific amount of Covered Medical Expenses that must be incurred and paid for by the Covered Person before benefits are payable under the Plan. Deductible amounts are the responsibility of the Covered Person.

Elective Treatment: Medical treatment which is not necessitated by a pathological change in the function or structure in any part of the body occurring after the Covered Person's effective date of coverage. Elective treatment includes, but is not limited to: tubal ligation; vasectomy; breast reduction, except as specifically provided elsewhere in the Policy; sexual reassignment surgery; treatment for weight reduction; temporomandibular joint (TMJ) dysfunction; immunization, except as specifically provided elsewhere in the Policy; vaccines; and routine physical examinations.

Emergency Medical Condition: This means a recent and severe medical condition, including, but not limited to, severe pain, which would lead a prudent layperson possessing an average knowledge of medicine and health, to believe that their condition, Sickness, or Injury is of such a nature that failure to get immediate medical care could result in:

- Placing the person's health in serious jeopardy; or
- Serious impairment to bodily function; or
- Serious dysfunction of a body part or organ; or
- In the case of a pregnant woman, serious jeopardy to the health of the fetus.

It does include an Accident or serious illness such as heart attack, stroke, poisoning, loss of consciousness or respiration, and convulsions. It does not include elective care, routine care, or care for non-emergency illness.

If a Covered Person believes that they may have an emergency condition, they may call the 911 telephone number for police and ambulatory assistance. Aetna will determine if a condition is an emergency condition, based upon whether or not a prudent layperson, acting reasonably, would have believed that emergency medical treatment is needed.

Generic Prescription Drug or Medicine: A Prescription Drug that is not protected by trademark registration, but is produced and sold under the chemical formulation name.

Injury: Bodily Injury caused by an Accident; this includes related conditions and recurrent symptoms of such Injury.

Medically Necessary: A service or supply that is necessary and appropriate, for the diagnosis or treatment of a Sickness or Injury, based on generally accepted current medical practice.

In order for a treatment, service, or supply to be considered Medically Necessary, the service or supply must:

- Be care or treatment which is likely to produce as significant positive outcome as any alternative service or supply, both as to the Sickness or Injury involved and the person's overall health condition. It must be no more likely to produce a negative outcome than any alternative service or supply, both as to the Sickness or Injury involved and the person's overall health condition;
- Be a diagnostic procedure which is indicated by the health status of the person. It must be as likely to result in information that could affect the course of treatment as any alternative service or supply, both as to the Sickness or Injury involved and the person's overall health condition. It must be no more likely to produce a negative outcome than any alternative service or supply, both as to the Sickness or Injury involved and the person's overall health condition; and
- As to diagnosis, care, and treatment, be no more costly (taking into account all health expenses incurred in connection with the treatment, service, or supply) than any alternative service or supply to meet the above tests.

In determining if a service or supply is appropriate under the circumstances, Aetna will take into consideration:

- Information relating to the affected person's health status;
- Reports in peer reviewed medical literature;
- Reports and guidelines published by nationally recognized health care organizations that include supporting scientific data;
- Reports and guidelines published by nationally recognized health care organizations that include supporting scientific data;
- Generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care, or treatment;
- The opinion of health professionals in the generally recognized health specialty involved; and
- Any other relevant information brought to Aetna's attention.

In no event will the following services or supplies be considered to be Medically Necessary:

- Those that do not require the technical skills of a medical, mental health, or dental professional; or
- Those furnished mainly for the personal comfort, or convenience, of the person, any person who cares for him or her, or any person who is part of his or her family, any health care provider, or health care facility; or

- Those furnished solely because the person is an inpatient on any day on which the person's Sickness or Injury could safely and adequately be diagnosed or treated while not confined; or
- Those furnished solely because of the setting if the service or supply could safely and adequately be furnished, in a Physician's or a dentist's office, or other less costly setting.

Negotiated Charge: The maximum charge a Preferred Care Provider has agreed to make as to any service or supply for the purpose of the benefits under the Plan.

Non-Preferred Care: A health care service or supply furnished by a health care provider that is not a Preferred Care Provider. if, as determined by Aetna: (a) the service or supply could have been provided by a Preferred Care Provider; and, (b) the provider is of a type that falls into one or more of the categories of providers listed in the Directory.

Non-Preferred Care Provider (or Non-Preferred Provider): A health care provider that has not contracted to furnish services or supplies at a Negotiated Charge.

Non-Preferred Pharmacy: A Pharmacy not party to a contract with Aetna, or a Pharmacy that is party to such a contract but which does not dispense Prescription Drugs in accordance with its terms.

Pharmacy: An establishment where Prescription Drugs are legally dispensed.

Physician: A legally qualified Physician, licensed by the state in which they practice, and any other practitioner who must, by law, be recognized as a doctor legally qualified to render treatment.

Pre-Existing Condition: Any Injury, Sickness, or condition that was diagnosed or treated, or would have caused a person to seek diagnosis or treatment within three months prior to the Covered Person's effective date of insurance.

If a student has continuous coverage under the Connecticut State University Student Health Insurance Plan from one year to the next, an Accident or Sickness that first manifests itself during a prior year's coverage shall not be considered a Pre-Existing Condition.

Preferred Care: Care provided by a Preferred Care Provider, or any health care provider for an emergency condition when travel to a Preferred Care Provider is not feasible.

Preferred Care Provider (or Preferred Provider): A health care provider that has contracted to furnish services or supplies for a Negotiated Charge, but only if: (a) the provider is, with Aetna's consent, included in the Directory as a Preferred Care Provider for the service or supply involved; and, (b) the class of which the Covered Person is a member.

Preferred Pharmacy: A Pharmacy which is party to a contract with Aetna to dispense drugs to persons covered under the Policy, but only while the contract remains in effect and when the Pharmacy dispenses a Prescription Drug under the terms of its contract with Aetna.

Prescription: An order of a prescriber for a Prescription Drug. If it is an oral order, it must be promptly put in writing by the Pharmacy.

Reasonable Charge: Only that part of a charge which is reasonable is covered. The Reasonable Charge for a service or supply is the lowest of:

- The provider's usual charge for furnishing it;
- The charge Aetna determines to be appropriate, based on factors such as the cost of providing the same or a similar service or supply and the manner in which charges for the service or supply are made;
- The charge Aetna determines to be the prevailing charge level made for it in the geographic area where it is furnished.

In some circumstances, Aetna may have an agreement, either directly or indirectly through a third party, with a provider which sets the rate that Aetna will pay for a service or supply. In these instances, in spite of the methodology described above, the Reasonable Charge is the rate established in such agreement.

In determining the Reasonable Charge for a service or supply that is:

- Unusual; or
- Not often provided in the area; or
- Provided by only a small number of providers in the area,

Aetna may take into account factors, such as:

- The complexity;
- The degree of skill needed;
- The type of specialty of the provider;
- The range of services or supplies provided by a facility; and
- The prevailing charge in other areas.

Sickness: A disease or illness including related conditions and recurrent symptoms of the Sickness. Sickness also includes pregnancy and complications of pregnancy.

Exclusions

The Plan neither covers nor provides benefits for the following:

1. Expenses incurred as a result of dental treatment, except for: (a) Injury to sound, natural teeth; or (b) extraction of impacted wisdom teeth as provided elsewhere in the Policy.

2. Expenses incurred for services normally provided without charge by the Policyholder's health service, infirmary, or hospital, or by health care providers employed by the Policyholder.

3. Expenses incurred for eye refractions, vision therapy, radial keratotomy, eyeglasses, contact lenses (except when required after cataract surgery), or other vision or hearing aids, or Prescriptions or examinations except as required for repair caused by a covered Injury.

4. Expenses incurred as a result of an Accident occurring in consequence of riding as a passenger, or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular, published schedules on a regularly established route.

5. Expenses incurred as a result of an Injury or Sickness for which benefits are payable under any Workers' Compensation or Occupational Disease Law. This exclusion will not apply to the following:

- A Covered Person who is a sole proprietor or business owner who is not covered under Connecticut State Statutes Chapter 568-Workers' Compensation Act (Chapter 568), or, who accepts the provisions of Chapter 568, Section 31-275(10); and
- A Covered Person who is a corporate officer of a Corporation, whether or not they are excluded, or have requested exclusion, from coverage under Chapter 568 as allowed by Connecticut State Statutes, Section 31-275(9)(B)(V).

6. Expenses incurred as a result of Injury sustained or Sickness contracted while in the service of the armed forces of any country. Upon the Covered Person entering the armed forces of any country, the unearned pro-rata premium will be refunded to the Policyholder.

7. Expenses incurred for treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance.

8. Expenses incurred for plastic surgery, cosmetic surgery, reconstructive surgery, or other services and supplies that improve, alter, or enhance appearance, whether or not for psychological or emotional reasons. This exclusion will not apply to the extent needed to:

a) Improve the function of a part of the body that is not a tooth or structure that supports the teeth, and is malformed as a result of a severe birth defect (including harelip and webbed fingers or toes), or as direct result of disease, or from surgery performed to treat a Sickness or Injury.
b) Repair an Injury (including reconstructive surgery for a prosthetic device for a Covered Person who has undergone a mastectomy) which occurs while the Covered Person is covered under the Plan. Surgery must be performed in the Policy Year of the Accident which causes the Injury or in the next Policy Year.

9. Expenses for Injuries sustained as a result of a motor vehicle Accident to the extent that benefits are payable under other valid and collectible insurance, whether or not a claim is made for such benefits.

10. Expenses incurred for a treatment, service, or supply, which is not Medically Necessary, as determined by Aetna, for the diagnosis care or treatment of the Sickness or Injury involved. This applies even if they are prescribed, recommended, or approved, by the person's attending Physician or dentist.

In order for a treatment, service, or supply, to be considered Medically Necessary, the service or supply must:

- Be care, or treatment, which is likely to produce a significant positive outcome as, and no more likely to produce a negative outcome than, any alternative service or supply, both as to the Sickness or Injury involved, and the person's overall health condition;
- Be a diagnostic procedure which is indicated by the health status of the person, and be as likely to result in information that could affect the course of treatment as, and no more likely to produce a negative outcome than, any alternative service or supply, both as to the Sickness or Injury involved, and the person's overall health condition; and
- As to diagnosis, care, and treatment, be no more costly (taking into account all health expenses incurred in connection with the treatment, service, or supply), than any alternative service or supply to meet the above tests.

In determining if a service or supply is appropriate under the circumstances, Aetna will take into consideration:

- Information relating to the affected person's health status;
- Reports in peer reviewed medical literature;
- Reports and guidelines published by nationally recognized health care organizations that include supporting scientific data;
- Generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care, or treatment;
- The opinion of health professionals in the generally recognized health specialty involved; and
- Any other relevant information brought to Aetna's attention.

In no event will the following services or supplies be considered to be Medically Necessary:

- Those that do not require the technical skills of a medical, mental health, or dental professional; or
- Those furnished mainly for the personal comfort or convenience of the person, any person who cares for him or her, or any person who is part of his or her family, any health care provider, or health care facility; or
- Those furnished solely because the person is an inpatient on any day on which the person's Sickness or Injury could safely, and adequately, be diagnosed, or treated, while not confined, or those furnished solely because of the setting, if the service or supply could safely and adequately be furnished in a Physician's or a dentist's office, or other less costly setting.

11. Expenses incurred for any services rendered by a member of the Covered Person's immediate family or a person who lives in the Covered Person's home.

12. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.

13. Expenses incurred for services normally provided without charge by the school and covered by the school fee for services.

14. Expenses incurred as a result of a Covered Person's commission of a felony.

15. Expenses incurred for voluntary or elective abortions, unless otherwise provided in the Policy.

16. Expenses incurred as part of services or supplies that are, as found by Aetna, to be experimental or investigational. A drug, device, procedure, or treatment will be found to be experimental or investigational if:

- There is not enough outcomes data available from controlled clinical trials published in the peer reviewed literature to confirm its safety and effectiveness for the disease, or Injury involved; or
- If required by the FDA, approval has not been granted for marketing; or
- A recognized national medical or dental society, or regulatory agency has found, in writing, that it is experimental, investigational, or for research purposes; or
- The written protocol(s) used by the treating facility, or the protocol(s) of any other facility studying substantially the same drug, device, procedure, or treatment, or the written informed consent used by the treating facility or by another facility studying the same drug, device, procedure, or treatment states that it is experimental, investigational, or for research purposes.

However, this exclusion will not apply with respect to services, or supplies (other than drugs), received due to a disease, if Aetna finds that:

- The disease can be expected to cause death within one year, in the absence of effective treatment; and

- The care or treatment is effective for that disease, or shows promise of being effective for that disease as shown by scientific data. In making this finding, Aetna will take into account the results of a review by a panel of independent medical professionals. They will be selected by Aetna. This panel will include professionals who treat the type of disease involved.

Also, this exclusion will not apply with respect to drugs that:

- Have been granted treatment investigational new drug (IND), or Group Treatment IND status; or
- Are being studied at the Phase III level in a national clinical trial sponsored by the National Cancer Institute;

if Aetna finds that available scientific evidence shows that the drug is effective, or shows promise of being effective, for the disease.

17. Expenses for treatment of Injury or Sickness to the extent payment is made, as a judgement or settlement, by any person deemed responsible for the Injury or Sickness (or their insurers) in accordance with Connecticut law or regulation.

18. Expenses incurred for, or related to, sex change surgery or to any treatment of gender identity disorders.

19. Those for routine physical exams, routine vision exams, routine dental exams, routine hearing exams, immunizations, or other preventive services and supplies, except to the extent coverage for such exams, immunizations, services, or supplies is specifically provided in the Policy.

20. Expenses incurred for breast reduction/mammoplasty.

21. Expenses for treatment of covered students who specialize in the mental health care field, and who receive treatment as part of their training in that field.

22. Expenses for: (a) care of flat feet; (b) supportive devices for the foot; (c) care of corns, bunions, or calluses; (d) care of toenails; and (e) care of fallen arches; weak feet; or chronic foot strain; except that (c) and (d) are not excluded when medically necessary; because the Covered Person is diabetic; or suffers from circulatory problems.

23. Expenses incurred for elective treatment or elective surgery except as specifically provided elsewhere in the Policy and performed while the Policy is in effect.

Any exclusion listed will not apply to the extent that coverage is required under any law that applies to the coverage.

Extension of Benefits

If a Covered Person is confined to a hospital on the date their insurance terminates, expenses incurred after the termination date and during the continuance of that hospital confinement shall be payable in accordance with the Policy, but only while they are incurred during the 90-day period following such termination of insurance.

For those students who have graduated from the University, or who are no longer eligible to enroll in the Plan because they have lost their eligibility status, the Plan will pay expenses incurred within 104 weeks of the date of a covered Accident, or up to 52 weeks from the onset of a covered Sickness. This benefit allows those students to continue treatment for a condition which was established/manifested while they were insured under the Plan for up to 104/52 weeks from the date of the Accident or Sickness. Those students who continue enrollment and who have not elected to enroll in the Student Sickness Insurance Plan will have a Policy Year benefit.

Termination of Insurance

Benefits are payable under the Policy only for those Covered Medical Expenses incurred while the Policy is in effect as to the Covered Person. No benefits are payable for expenses incurred after the date the insurance terminates, except as may be provided under the Extension of Benefits provision.

Policy Cancellation

The Plan will remain in force indefinitely, but may be ceased by either party.

Connecticut State University may cease the Policy as to any or all coverage of all or any class of students. Aetna must be given written notice. The notice must state when such termination shall occur. It must be a date after the notice. It shall not be effective during a period for which a premium has been paid to Aetna as to the coverage.

Aetna has the right to cease the Policy only under the following conditions:

- Non-payment of premium.
- Fraud or misrepresentation of a material fact under the terms of the coverage.
- Aetna ceases to offer Student Blanket Health Insurance coverage subject to the terms of any Connecticut law or regulation.

As to non-payment of premium, Aetna has the right to cease the Policy as to all or any class of students of Connecticut State University at any time after the end of the grace period if the premium for student coverage has not been paid. Written notice of the termination date must be given by Aetna. This right is subject to the terms of any laws or regulations.

As to the other termination conditions, Aetna may cease the Policy in its entirety or as to any or all coverage of all or any class of students by giving Connecticut State University advance written notice of when it will cease. The date shall not be earlier than 31 days after the date of the notice unless it is agreed to by Connecticut State University and Aetna.

If:

- Policy terminates as to any of the students of Connecticut State University; and
- Premiums have not been paid for the period the Policy was in force for those students, then Connecticut State University shall be liable to Aetna for the unpaid premiums.

Claim Procedure

On occasion, the claims investigation process will require additional information in order to properly adjudicate the claim. This investigation will be handled directly by Chickering Claims Administrators, Inc. (Chickering).

Customer Service Representatives are available 8:30 a.m. to 5:30 p.m., Monday through Friday, ET for any questions.

1. Bills must be submitted within 90 days from the date of treatment.

2. Payment for Covered Medical Expenses will be made directly to the hospital or Physician concerned unless bill receipts and proof of payment are submitted.

3. In the event of a disagreement over the payment of a claim, a written request to review the claim must be mailed to Chickering within one year from the date appearing on the Explanation of Benefits.

4. Make a copy of any documentation submitted to Chickering for your records.

5. You will receive an "Explanation of Benefits" when your Claims are processed. The Explanation of Benefits will explain how your claim was processed according to the benefits of your Student Accident and Sickness Insurance Plan.

How to Appeal a Claim

In the event a Covered Person disagrees with how a claim was processed, they may request a review of the decision. The Covered Person's requests must be made in writing within 60 days of receipt of the Explanation of Benefits (EOB). The Covered Person's request must include why they disagree with the way the claim was processed. The request must also include any additional information that supports the claim (e.g., medical records, Physician's office notes, operative reports, Physician's letter of Medical Necessity, etc.). Please submit all requests to:

Chickering Claims Administrators, Inc.
P.O. Box 15717
Boston, MA 02215-0014

Chickering and Aetna have established a procedure for resolving complaints by Covered Persons. If a Covered Person has a complaint, they must follow this procedure:

- An Appeal is defined as a written request for review of a decision which has been denied in whole or in part, after consideration of any relevant information. This includes a request for claim payment, certification, eligibility or referral, etc. The address is shown above and is also shown on your ID Card.

- An Appeal must be submitted within 60 days of the date Aetna provides notice of denial.
- An acknowledgment letter will be sent to the Covered Person within five days of Aetna's receipt of the Appeal. This letter may request additional information. If so, the additional information must be submitted to Aetna within 15 days of the date of the letter.
- The Covered Person will be sent a response within 30 days of Aetna's receipt of the Appeal. The response will be based on the information provided with or subsequent to the Appeal.
- If the Appeal concerns an eligibility issue, and if additional information is not submitted to Aetna after receipt of Aetna's response, the decision is considered Aetna's final response 60 days after receipt of the Appeal. For all other Appeals, if additional information is to be submitted to Aetna after receipt of Aetna's response, it must be submitted within 15 days.
- Aetna's final response will be sent within 30 days from the date of Aetna's first response letter.
- If additional time is needed to resolve the Appeal, Aetna will provide a written notification indicating that additional time is needed, explaining why such time is needed and setting a new date for a response. The additional time shall not be extended beyond another 30 days.
- In an emergency situation involving admission to or services from an acute care hospital, if the Covered Person's Physician, or the hospital, determines that the Covered Person faces a life-threatening or other serious Injury situation, they may submit a written request for an expedited review. A response shall be given to the provider within three hours of Aetna's receipt of the request and all necessary information. If a response is not provided within this time frame the request is considered approved.
- In all other urgent or emergency situations, the Appeal procedure may be initiated by a telephone call. A verbal response to the telephone call shall be given to the provider within two business days, provided that all necessary information is available. Written notice of the decision will be sent within two business days of Aetna's verbal response. If the Covered Person is dissatisfied with Aetna's response, the Appeal procedure outlined above may be utilized. Aetna's telephone number is on the Covered Person's ID Card.
- Aetna will keep the records of any complaint for three years.

If, after completing the Appeal procedure outlined above, the Covered Person, the Covered Person's Physician, or the hospital are still dissatisfied with Aetna's response, the Covered Person may appeal the decision to the Connecticut Insurance Department. You may also seek additional information on the web page for the applicable State Insurance Department or other agency regarding your rights, including how to obtain regulatory review of member concerns. The applicable internet address for the State Insurance Department for your Plan is: ***www.state.ct.us/cid***.

This must be done within 30 days of receipt of Aetna's final response.

Prescription Drug Claim Procedure

When obtaining a covered Prescription, please present your Chickering ID card to an Aetna Preferred Pharmacy. The Pharmacy will submit a claim to Aetna for the drug. If you fill your Prescription at a Non-Preferred Pharmacy, you will need to pay in full at the time of service and fill a claim with Aetna. Claim Forms, Pharmacy locations, and claims status information can be obtained by contacting Aetna Pharmacy Management at **(800) 238-6279**. Additionally, a listing of Pharmacy locations may be obtained by accessing the internet at: ***www.chickering.com***, clicking on "Student Connection" and under "Find Your School" search by school name.

When you need to fill a Prescription and do not have your ID card with you, you may obtain your Prescription from an Aetna Preferred Pharmacy and be reimbursed by submitting a completed Aetna Prescription Drug claim form which can be obtained on chickering's website at ***www.chickering.com***. You will be reimbursed for covered medications directly by Aetna. Please note you may be required to pay the difference between the retail price you paid for the drug and the amount Aetna would have paid if you had presented your ID card and the Pharmacy had billed Aetna directly. When submitting a claim, please include all Prescription receipts, indicate that you attend Connecticut State University, and include your name, address, and student identification number.

General Information

Provider Network

A complete list of participating providers, including the names, addresses, and type of specialty, is provided in the Provider Directory. Information is also available by accessing Aetna's DocFind® Service via the internet at: ***www.chickering.com***, clicking on "Student Connection" and under "Find Your School" search by school name. Once at your University's webpage, click on the DocFind tab on the left of your screen.

Provider Reimbursement

Participating providers are reimbursed on a discounted fee for service basis. Where the Covered Person is responsible for a Coinsurance payment based on a percentage of the bill, the Covered Person's obligation is to be determined on the basis of the charges established by contract, if any, rather than on the basis of the provider's billed charges.

Non-Participating Providers providing covered services are compensated on a fee for service basis.

Aetna Pharmacy Management negotiates discounts from independent Pharmacies, chain Pharmacies, and mail order vendors who accept our reimbursement rates for dispensing and ingredient costs in return for volume business. Our negotiated discounts are passed in full to our Plan sponsors.

The reimbursement formula is based on Average Wholesale Price (AWP) less a negotiated discount, plus a dispensing fee. The dispensing fee is a contractual fee negotiated between Aetna Pharmacy management and the network Pharmacy. The negotiated rate self-renews each year, unless it is changed contractually.

Where the Covered Person is responsible for a Coinsurance payment based on a percentage of the bill, the member's obligation is to be determined on the basis of the charges established by contract, if any, rather than on the basis of the provider's billed charges.

Pre-Authorization Requirements and Grievance Procedures

All inpatient admissions must be pre-certified by contacting Chickering Claims Administrators, Inc. Aetna Life Insurance Company evaluates and determines the appropriateness of medical care resources utilized by their Covered Persons. To accomplish these goals, Aetna Life Insurance Company has developed a comprehensive Patient Management Program. The population demographics of the membership and the program's results are reviewed to determine the need for changes. Regional medical directors in concert with local market medical directors review this information to initiate new program development or to enhance current programs. The Patient Management Program is reviewed annually.

Only Medical Directors make decisions denying coverage for services for reasons of Medical Necessity. All such Patient Management determinations are communicated both by telephone and in writing. Decisions on appeals are made in a timely manner, as required, by the urgency of the situation. Pre-Authorization decisions are made within two business days; emergent decisions are made immediately; concurrent decisions are made within one business day; and retrospective decisions are made within 30 days of the receipt of appropriate information. If subspecialty review is required, the Focused Review process takes approximately 10 business days. Procedures that must be performed within this time frame are excluded from the Pre-Certification requirement.

Coverage denial letters delineate any unmet criteria standards and guidelines, and inform the provider and Covered Person of the appeal process.

The actual components of the Aetna Patient Management Plan include the following and apply for all products:

Inpatient Service Authorization
Registration of Inpatient Services
Inpatient Pre-Certification
Concurrent Review
Discharge Planning
Care Management
Retrospective Review

Medical Loss Ratio

The anticipated medical loss ratio, or percentage of total premium revenue that will be spent on medical care for student health coverage for the calendar year ending on **December 31, 2005**, is 78%.

Plan Ownership and For Profit Status

Aetna is incorporated in Connecticut and is owned by Aetna, Inc. Both Aetna Life Insurance Company and Aetna, Inc. are "for profit" organizations.

Information Phone Number

A toll-free number is available for Covered Person inquiries regarding coverage and benefits, claims grievance procedures, or complaint procedures. The toll-free number for Customer Services is **(877) 375-4244**.

Specialty Referral Procedures

In the PPO product, Covered Persons can access medical services directly without first visiting the Primary Physician.

Member Satisfaction

At this time, Aetna does not conduct an annual Covered Person survey. However, on **March 15, 1999**, the Insurance Commissioner of the State of Connecticut produced an annual consumer report card on the managed care organization. This report card is available from the Connecticut Department of Insurance.

Provider/Member Discussions

In its provider contracts and as a matter of corporate Policy, Aetna does not prohibit network providers from discussing with their patients alternative treatment options and the method under which they are compensated. In fact, Aetna affirmatively encourages such discussions.

Confidentiality of Medical Records and Patient Information

Aetna has adopted a comprehensive insurance privacy Policy based on the recommendations of the Federal Privacy Protection Study Commission. The following describes certain aspects of that Policy which will apply to you as a Covered Person in a Plan of student blanket insurance insured by Aetna. The Policy does not apply where a different approach is required by law.

Information Which May be Collected

Aetna, in providing insurance services to you, relies mainly on the information you give on your Enrollment Form and when you file claims.

Aetna may also collect information about you from other sources. This is information necessary for Aetna to perform its function with regard to the insurance transaction in question.

Disclosure of Information to Others

All of this information will be treated as confidential. It will not be disclosed to others without your authorization, except in some instances where such disclosure is necessary for the conduct of Aetna's business. Disclosure cannot be contrary to any law which applies.

The following sets forth the types of disclosure that may be made:

- Information may be made available to your School in connection with the claim and financial administration of the Plan. This includes Policyholder audits.
- Information may be disclosed to other insurers, if there may be duplicate coverage, or a need to preserve the continuity of your coverage.
- Information may be disclosed to peer review organizations, and other agencies, to determine whether health services were necessary and reasonably priced.

In addition, information may be given to regulators of Aetna's business, and to others, as may be required by law. It may also be given to law enforcement authorities, when needed, to prevent or prosecute fraud or other illegal activities.

Your Right of Access and Correction

In general, you have a right to learn the nature and substance of any information Aetna has in its files about you. You may also have a right of access to such files, except information which relates to a claim or a civil or criminal proceeding, and to ask for correction, amendment, or deletion of personal information. This can be done in states which provide such rights and which grant immunity to insurers providing such access. If you request any health information, Aetna may elect to disclose details of the information you request to your (attending) Physician.

Accidental Death and Dismemberment Benefit

This insurance coverage provides Accidental Death and Dismemberment coverage underwritten by Unum Provident Life Insurance Company of America.

Benefits are payable for the Accidental Death and Dismemberment of the eligible insureds. When, because of Injury, you suffer any of the following losses within 90 days from the date of the Accident, we will pay as follows:

For Loss Of:	**Principle Sum**
Life	$5,000
Two Hands	$25,000
Two Feet	$25,000
Sight of two eyes	$25,000
One hand and one foot	$10,000
One hand and sight of one eye	$25,000
One foot and sight of one eye	$25,000
One hand or one foot or one eye	$10,000
Movement of Both Upper and Lower Limbs (Quadriplegia)	$50,000
Movement of both lower limbs (Paraplegia)	$25,000
Movement of both upper and lower limbs of one side of the body (Hemiplegia)	$25,000

Loss of hands and feet means the loss at or above the wrist or ankle joints. Loss of eyes means total irrecoverable loss of the entire sight. Only one of the amounts named above will be paid for Injuries resulting from any one accident. The amount so paid shall be the largest amount that applies.

This benefit will pay the appropriate portion of the Principal Sum if you sustain a loss of the type listed 90 days after suffering a bodily injury due to a covered Accident. Such injury must occur while you are: 1) practicing for; 2) engaging in; or 3) traveling to or from an official activity of the policyholder as a participant of an officially recognized organization or department.

This provision does not cover the Loss if it in any way results from or is caused or contributed:

1. By physical or mental illness; medical or surgical treatment except that results directly from a surgical operation made necessary solely by an injury covered by this Plan;

2. By an infection, unless it is caused solely and independently by a covered Accident;

3. Participation in a felony. Participation means to take part or to have share in something.

4. For loss caused by your voluntary use of a controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless prescribed by a doctor.

To file a claim for Accidental Death and Dismemberment, please contact Chickering Claims Administrators, Inc. at **(877) 375-4244** for the appropriate claim forms.

Important Note

Please keep this Brochure, as it provides a general summary of your coverage. A complete description of the benefits, and full terms and conditions, may be found in the Master Policy. If any discrepancy exists between this Brochure and the Policy, the Master Policy will govern and control the payment of benefits.

This student Plan fulfills the definition of creditable coverage explained in the Health Insurance Portability and Accountability Act (HIPAA) of 1996. At any time should you wish to receive a certification of coverage, please call the Customer Service number on your ID card.

Administered by:
Chickering Benefit Planning
Insurance Agency, Inc.

Offered by:

Chickering Claims Administrators, Inc.
P.O. Box 15708
Boston, MA 02215-0014
(877) 375-4244
www.chickering.com

Underwritten by:

Aetna Life Insurance Company (ALIC)

The Chickering Group is an internal business unit of Aetna Life Insurance Company.

NOTICE

Aetna considers nonpublic personal Covered Person information confidential and has policies and procedures in place to protect the information against unlawful use and disclosure. When necessary for your care or treatment, the operation of your health Plan, or other related activities, we use personal information internally, share it with our affiliates, and disclose it to health care providers (doctors, dentists, Pharmacies, hospitals and other caregivers), vendors, consultants, government authorities, and their respective agents. These parties are required to keep personal information confidential as provided by applicable law. Participating Network/Preferred Providers are also required to give you access to your medical records within a reasonable amount of time after you make a request. By enrolling in the Plan, you permit us to use and disclose this information as described above on behalf of yourself and your dependents.

To obtain a copy of our Notice of Privacy Practices describing in greater detail our practices concerning use and disclosure of personal information, please call the toll-free Customer Services number on your ID card or visit Chickering's Student Connection Link on the internet at ***www.chickering.com***.

CSUS-0315
Addendum #2
December 27, 2007

Brochure 6
International Student 2005-2006

2005 - 2006

Student Accident and Sickness Plan
International Student Plan Brochure

Central Connecticut State University
Eastern Connecticut State University
Southern Connecticut State University
Western Connecticut State University

Herein called

Connecticut State University

Offered by:
Chickering Benefit Planning Insurance Agency, Inc.
Administered by:
Chickering Claims Administrators, Inc.
Underwritten by:
Aetna Life Insurance Company (ALIC)

Table of Contents

The Connecticut State University Student Accident and Sickness Plan

The Connecticut State University Student Health Insurance Plan has been developed especially for Connecticut State University students. The Plan provides coverage for illnesses and Injuries that occur on and off campus and includes special cost-saving features to keep the coverage as affordable as possible. Connecticut State University is pleased to offer this Plan as described in this Brochure.

Where to Find Help

Got Questions? Get Answers with Chickering's Aetna Navigator™

As a Chickering student health insurance member, you have access to Aetna Navigator, your secure member website, packed with personalized benefits and health information. You can take full advantage of our interactive website to complete a variety of self-service transactions online.

By logging into Chickering's Aetna Navigator, you can:

- Review who is covered under your plan.
- Request member ID cards.
- View Claim Explanation of Benefits (EOB) statements.
- Estimate the cost of common health care services and procedures to better plan your expenses.
- Research the price of a drug and learn if there are alternatives.
- Find health care professionals and facilities that participate in your plan.
- Send an e-mail to Chickering Customer Service at your convenience.
- View the latest health information and news, and more!

How do I register?

- Go to ***www.chickering.com***
- Click on "Find Your School."
- Enter your school name and then click on "Search."
- Click on Aetna Navigator and then the "Access Navigator" link.
- Follow the instructions for First Time User by clicking on the "Register Now" link.
- Select a user name, password and security phrase.

Your registration is now complete, and you can begin accessing your personalized information!

Need help with registration?
Registration assistance is available toll free, Monday through Friday, from 7 a.m. to 9 p.m. Eastern Time at **(800) 225-3375**.

For Questions About:

- Enrollment
- Insurance Benefits
- Claims Processing
- Inpatient Admission Pre-Certification

Please contact:
Chickering Claims Administrators, Inc.
P.O. Box 15708
Boston, MA 02215-0014
(877) 375-4244

For Questions About ID Cards:

ID cards will be issued as soon as possible. If you need medical attention before the ID card is received, benefits will be payable in accordance with the Policy. **You do not need an ID card to be eligible to receive benefits.**

Note: Please be advised you will receive a unique Aetna member ID number on your membership card.

For lost ID cards, please contact:
Chickering Claims Administrators, Inc.
(877) 375-4244
or visit ***www.chickering.com***, click on "Find Your School" search by school name. Click on the Help Center button on the left of your screen or the Navigator button to print a temporary ID card or request a new card.

For Questions About:

- Status of Pharmacy Claim
- Pharmacy Claim Forms
- Excluded Drugs and Pre-Authorization

Please contact:
Aetna Pharmacy Management
(800) 238-6279 (Available 24 hours)

For Questions About:

- Worldwide Emergency Travel Assistance Services

Please contact:
Assist America, Inc.
(800) 872-1414 (within U.S.)
If outside the U.S., call collect **by dialing the U.S. access code plus 301-656-4152**
E-mail address: ***medservices@assistamerica.com***

For Provider Listings (Including a list of Preferred Care Pharmacies):

For a complete list of providers you can use Aetna's **DocFind®** Service at: ***www.chickering.com***, click on "Student Connection" and under "Find Your School" search by school name or enter your University Policy number found on the front cover of this Brochure. Click on the DocFind button on the left side of your screen to search for Preferred Pharmacies.

Worldwide Web Access:

- The Chickering Group: ***www.chickering.com***

Connecticut State University Student Accident and Sickness Insurance Plan

This is a brief description of the Full-Time Accident Plan and the Full-Time Sickness Plan benefits available for international Connecticut State University students. The Plan is underwritten by Aetna Life Insurance Company (Aetna). The exact provisions governing this insurance are contained in the Master Policy. Call Chickering Claims Administrators, Inc. at **(877) 375-4244** for additional information. The Plan is administered by Chickering Claims Administrators, Inc., P.O. Box 15708, Boston, MA 02215-0014.

Policy Period

Students

Coverage under the Connecticut State University Student Health Insurance Plan is effective:
Annual Period: 12:01 a.m. on **August 1, 2005** through 12:01 a.m. on **August 1, 2006**.
Fall Semester: 12:01 a.m. on **August 1, 2005** through 12:01 a.m. on **January 17, 2005**.
Spring Semester: 12:01 a.m. on **January 17, 2006** through 12:01 a.m. on **August 1, 2006**.

International Student Premium Rates

Matriculated Full-Time	Annual	Fall	Spring
Full-Time Accident & Sickness	$ 772.00	$386.00	$386.00
Spouse Accident & Sickness	$1,034.00	$517.00	$517.00
Children Accident & Sickness	$1,034.00	$517.00	$517.00

Matriculated Part-Time	Annual	Fall	Spring
Part-Time Accident & Sickness	$ 885.00	$442.00	$443.00

Premium Refund Policy

Except for medical withdrawal due to a covered Accident or Sickness, any student withdrawing from school during the first 31 days of the period for which coverage is purchased shall not be covered under the Policy and a full refund of the premium will be made. Students withdrawing after such 31 days will remain covered under the Policy for the full period for which premium has been paid, no refund will be allowed.

Please Note: The eligibility requirements defined in this Brochure must be met and maintained throughout the Policy year. The Chickering Group in conjunction with Connecticut State University maintains the right to investigate student status and attendance records to verify that Policy eligibility requirements have been met. If we discover that Policy eligibility requirements have not been met, our only obligation is a refund of premium. Eligibility requirements must be met each time a premium is paid to continue coverage.

A Covered Person entering the armed forces of any country will not be covered under the Policy as of the date of such entry. A pro-rata refund of premium will be made for such person, and any covered dependents upon written request received by Chickering Claims Administrators, Inc. within 90 days of withdrawal from school.

Student Eligibility Requirements

Full-Time International Students – Accident Plan
All full-time registered international students enrolled at Connecticut State University are automatically enrolled in the full-time Accident Plan as part of the University General Fee. You are covered 24 hours a day on and off campus.

Full-Time International Students – Sickness Plan
All full-time international students holding J-1 Visas are required to participate in this Plan, unless you can provide proof of comparable coverage by submitting a waiver by the published deadline dates. Any waivers received after the published deadline will not be accepted. Failure to complete the waiver process, within the University's specified waiver period, will result in an annual premium of $628 (for the Sickness Plan) added to your tuition bill.

Part-Time International Students – Accident and Sickness Plan
All part-time international students holding J-1 Visas who are taking a minimum of six credit hours of an accredited degree-seeking program are eligible to enroll in the Accident and Sickness Plan on a voluntary basis. We maintain the right to investigate student status and attendance records to verify that Policy eligibility requirements have been met. If we discover that Policy eligibility requirements have not been met, our only obligation is a refund of premium. Eligibility requirements must be met each time a premium is paid to continue coverage.

Dependent Coverage

If you are enrolled in the Student Accident and Sickness Insurance Plan you may also enroll your Dependent children or spouse who reside with you.

Newborn Infant Coverage and Adopted Child Coverage

A child born to a Covered Person shall be covered for Accident, Sickness, and congenital defects for 31 days from the date of birth. At the end of this 31-day period, coverage will cease under the Connecticut State University Student Health Insurance Plan. To continue coverage you must complete and return the Dependent Enrollment Form to The Chickering Group.

Waiver Deadline Dates

Fall	9/16/05
Spring	2/10/06

If you are eligible for coverage due to loss of other comparable coverage, and wish to join the Plan after these waiver deadlines, you must present documentation from your former insurance company that is no longer providing you with health insurance. Your effective date under this Plan will be the date the former insurance expired, if you make the request for coverage within 31 days after it expires. Please contact The Chickering Group who will inform you of your premium payment.

Pre-Existing Conditions/Continuously Insured Provisions (Part-time Students Only)

Pre-Existing Conditions

The definition of a Pre-Existing Condition is any Injury, Sickness, or condition that was diagnosed or treated, or would have caused a person to seek diagnosis or treatment within six months prior to the Covered Person's effective date of insurance under this Plan. The limitation will not apply if:

1. The covered person has been on the Connecticut. State University Policy for more than 12 months; or
2. The individual seeking coverage under this Policy was previously covered under prior Creditable Coverage which was continuous to a date not less than 120 days prior to the effective date of coverage under this Policy. (**Note:** 150 days prior to the effective date of coverage under this Policy if prior Creditable Coverage terminated due to an involuntary loss of employment.)

Limitations

Expenses incurred by a Covered Person as a result of a Pre-Existing Condition will not be considered Covered Medical Expense unless no charges are incurred or treatment rendered for the condition for a period of six months while covered under the Policy, or the Covered Person has been covered under the Policy for 12 consecutive months, whichever is less.

Routine follow-up care to determine whether a breast cancer has reoccurred in a Covered Person who has been previously determined to be breast cancer free shall not be considered as medical advice, diagnosis, care or treatment unless evidence of breast cancer is found during or as a result of such follow-up. Genetic information shall not be treated as a condition related to such information. Pregnancy shall not be considered a pre-existing condition.

Please Note: The Pre Existing limitation only applies to part-time students.

Special Rules as to a Pre-Existing Condition

If a Covered Person has creditable coverage and such coverage ceased within 120 days prior to the date they enrolled in the Policy, then any limitation as to a Pre-Existing Condition under the Policy will apply for that Covered Person only to the extent that such limitation would have applied under the prior creditable coverage.

"Creditable coverage" is a person's prior medical coverage as defined in HIPPA. Such coverage includes coverage issued on a group or individual basis; Medicare; Medicaid; military-sponsored health care; a program of the Indian Health Service; a state health benefits risk pool; the Federal Employee's Health Benefit Plan (FEHBP); a public health plan as defined in the regulations; and any health benefit plan under Section 5(e) of the Peace Corps Act.

Continuously Insured

Persons who have remained continuously insured under the Policy and other prior health insurance policies will be covered for any Pre-Existing Condition that manifests itself while continuously insured, except for expenses payable under prior policies in the absence of the Policy. Previously Covered Persons must re-enroll for coverage by the indicated enrollment deadlines in order to avoid a break in coverage for conditions that existed in the prior Policy Year. Once a break in continuous coverage occurs, the definition of Pre-Existing Conditions will apply.

Connecticut State University Health and Counseling Services

As a full-time student, you are entitled to receive care at the University Health and Counseling Services. This Student Accident and Sickness Insurance Plan provides benefits to help cover costs for care that cannot be provided or treated by the University Health and Counseling Services.

It is strongly suggested that the student seek care at their University Health and Counseling Services rather than obtaining health services from outside sources whenever possible.

University Health and Counseling Services are not available to the Student's Spouse or Dependent Children.

Preferred Provider Organization (PPO) Network

The Chickering Group has arranged for you to access a national PPO Network. Acute care facilities and mental health networks are also available nationally if you require treatment or hospitalization outside the immediate area of the Connecticut State University campuses.
The Connecticut State University Student Health Insurance Plan for the 2005-2006 Policy Year has a PPO Network through Aetna. It is to your advantage to use a Preferred Provider because significant savings can be achieved from the substantially lower rates these providers have agreed to accept as payment for their services. Preferred Providers are independent contractors and are neither employees nor agents of Connecticut State University, Chickering Claims Administrators, Inc., or Aetna. You may obtain a complete listing of Preferred Providers by contacting Chickering Claims Administrators, Inc. at **(877) 375-4244** or by accessing Aetna's DocFind® Service at: ***www.chickering.com***, click on "Find Your School" and search by school name.

Inpatient Admission Pre-Certification Program

Pre-admission certification is required for all inpatient admissions, including length of stay and must be certified by contacting Chickering Claims Administrators, Inc.

Pre-Certification does not guarantee the payment of benefits for your inpatient admission. Each claim is subject to medical Policy review, in accordance with the exclusions and limitations contained in the Policy, as well as a review of eligibility, adherence to notification guidelines, and benefit coverage under the Student Accident and Sickness Plan.

Pre-Certification of Non-Emergency Inpatient Admissions

The patient, Physician, or hospital must telephone at least three business days prior to the planned admission.

Notification of Emergency Admissions

The patient, patient's representative, Physician, or hospital must telephone within one business day following admission.

The above Pre-Certification provision will not operate to deny benefits for Medically Necessary inpatient hospital confinements. This includes such confinements for mental and nervous disorders, biologically based mental illnesses, and substance abuse for which coverage is required by the State of Connecticut.

Chickering Claims Administrators, Inc.
Attention: Managed Care Dept.
P.O. Box 15708
Boston, MA 02215-0014
(877) 375-4244

Description of Benefits

In order to maximize your savings and to reduce out-of-pocket expenses, select a Preferred Provider from the list of physicians on the insurance plan to serve as your primary care physician. It is to your advantage to use a Preferred Provider because significant savings can be achieved from the substantially lower rates these providers have agreed to accept as payment for their services. Non-Preferred Care is subject to the Reasonable Charge allowance maximums. It is strongly suggested that you use the campus health service for your medical or mental health services whenever possible, since they are cost effective and convenient.

You may obtain a complete listing of Preferred Providers by contacting Chickering Claims Administrators, Inc. at **(877) 375-4244** or by accessing Aetna's DocFind® Service at: ***www.chickering.com***, click on "Find Your School" enter school name and click on the DocFind button on the left of your screen.

This Plan always pays benefits in accordance with any applicable Connecticut Insurance Law(s).

Summary of Benefits Chart

The following chart shows a summary of the benefits coverage for international students. The following benefits are subject to the imposition of Policy limits and exclusions.

Mandatory Accident Benefits	
Aggregate Plan Maximum	$50,000 per accident.
Accident Expenses Benefit	When an Injury occurs and requires: (a) treatment by a Doctor/surgeon; (b) Hospital Confinement; (c) services of a licensed nurse practitioner or RN; (d) x-ray services; (e) use of operating room, anesthesia, laboratory services; (f) prescribed medicines, plaster casts, surgical dressings; or (g) use of an ambulance; covered expenses are payable as follows when the expense is incurred within 104 weeks from the date of the Accident: ***Preferred Care:*** 100% of the Negotiated Charge. ***Non-Preferred Care:*** 100% of the Reasonable Charge.
Emergency Treatment for Accidental Ingestions of Controlled Drugs	Covered Medical Expenses are payable as follows: ***Outpatient:*** Covered as any other Accident up to a maximum of $500 per Policy Year. ***Inpatient:*** Covered Medical Expenses for the emergency treatment of Accidental Ingestion of Controlled Drugs while confined as an inpatient in a hospital or facility licensed for such treatment are payable on the same basis as for any other Accident. Treatment is limited to a maximum of 30 days per Policy Year.
Accidental Dental Expenses	Covered Medical Expenses are payable up to a maximum of $2,500 per injury for the treatment of an Injury to sound, natural teeth.
Official Travel Accident Expenses	Covered Medical Expenses are payable up to a maximum of $1,000 per injury for the treatment of an injury resulting while traveling to or from an official school activity.

Benefits under the Accident Insurance Plan are paid on an excess basis. This means no expense is covered if it would be covered by another health care plan in the absence of this insurance. The Accident Plan supplements, not replaces, other health care coverage.

Sickness Expense Benefits	
Aggregate Plan Maximum	$50,000 per Sickness.
Preferred Care	100% of the Negotiated Charge when the expense is incurred within 52 weeks of the onset of the Sickness unless stated otherwise.
Non-Preferred Care	100% of the Reasonable Charge when the expense is incurred within 52 weeks of the onset of the Sickness unless stated otherwise.
Inpatient Hospitalization Benefits	
Hospital Room and Board Expenses	Covered Medical Expenses are payable up to a maximum of $500 per day for a Semi-private room rate for an overnight stay.
Intensive Care Unit Expenses	Covered Medical Expenses are payable up to a maximum of $1,000 per day for an overnight stay.
Miscellaneous Hospital Expenses	Covered Medical Expenses are payable up to a maximum of $700 per hospital confinement. Once charges exceed $700, benefits are payable as follows: ***Preferred Care:*** 80% of the Negotiated Charge. ***Non-Preferred Care:*** 80% of the Reasonable Charge. Covered Medical Expenses include, but are not limited to: laboratory tests, x-rays, anesthesia, use of special equipment, medicines and use of operating room.
Physician Hospital Visit Expenses	Covered Medical Expenses for charges for the non-surgical services of the attending Physician or a consulting Physician are payable up to $75 for the first visit and $60 for each visit thereafter up to a maximum of $1,300 per Sickness.
Private Duty Nursing Expenses	Covered Medical Expenses for services for full-time nursing care by a a Registered Nurse (RN) while confined to a Hospital and when recommended by a Doctor, up to $60 per eight hour shift, up to a maximum of $1,800 per Sickness.
Surgical Benefits (Inpatient and Outpatient)	
All Covered Medical Expenses in this section are subject to a $3,000 per Sickness benefit maximum.	
Surgical Expenses	Covered Medical Expenses for charges for surgical services performed by a Physician.
Anesthetist Expenses & Assistant Surgeon Expenses	Covered Medical Expenses for the charges of an anesthetist and an assistant surgeon during a surgical procedure for surgical services performed during a surgical operation are payable as follows: ***Preferred Care:*** 80% of the Surgical Allowance. ***Non-Preferred Care:*** 80% of the Surgical Allowance.

Outpatient Benefits	
All Covered Medical Expenses for Outpatient services are payable up to a maximum of $1,500 for each covered Sickness unless otherwise stated. Covered Medical Expenses include, but are not limited to: Physician's office visits, hospital or out-patient department or emergency room visits, durable medical equipment, physical therapy, clinical lab, radiological facility or other similar facility licensed by the state.	
Physician's Office Expenses	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge after a $10 Copay per visit. ***Non-Preferred Care:*** 100% of the Reasonable Charge after a $10 Deductible per Sickness.
Emergency Care Expenses	Covered Medical Expenses for treatment of an Emergency Medical Condition are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge after a $10 Copay per visit. ***Non-Preferred Care:*** 100% of the Reasonable Charge after a $10 Deductible per Sickness.
Lab and X-Ray Expenses *(Non-Hospital)*	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge after a $10 Copay per visit. ***Non-Preferred Care:*** 100% of the Reasonable Charge after a $10 Deductible per Sickness.
Mental Health and Substance Abuse Benefits	
Inpatient Expenses – Mental or Emotional Illness or Disorder	Covered Medical Expenses for the treatment of a mental health condition while confined as an inpatient in a hospital or facility licensed for such treatment are payable on the same basis as for any other Sickness. Covered Medical Expenses also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis by contacting Chickering Claims Administrators Inc. When approved, benefits will be payable in place of an inpatient admission, whereby two days of partial hospitalization may be exchanged for one day of full hospitalization.
Outpatient Expenses – Mental or Emotional Illness or Disorder	Covered Medical Expenses for the care or treatment of a mental health condition by a licensed or accredited health service organization or hospital or by a licensed practitioner are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge after a $10 Copay per visit. ***Non-Preferred Care:*** 100% of the Reasonable Charge after a $10 Deductible per Sickness. Benefits are payable up to a maximum of $2,000 per sickness.

Mental Health and Substance Abuse Benefits (continued)	
Inpatient Expenses – Alcohol and Substance Abuse	Covered Medical Expenses for the treatment of alcohol/substance abuse while confined as an inpatient in a hospital or facility licensed for such treatment are payable on the same basis as for any other Sickness. Covered Medical Expenses also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis by contacting Chickering Claims Administrators Inc. When approved, benefits will be payable in place of an inpatient admission, whereby two days of partial hospitalization may be exchanged for one day of full hospitalization.
Outpatient Expenses – Alcohol and Substance Abuse	Covered Medical Expenses for the care or treatment of alcohol/substance abuse by a licensed or accredited health service organization or hospital or by a fully licensed practitioner are payable on the same basis as for any other Sickness.
Other Benefits	
Ambulance Expenses	Covered Medical Expenses are payable at 100% of the Reasonable Charge to a maximum set by the Department of Public Health in accordance with Connecticut General Statutes section 19a-177 when required due to the emergency nature of a covered Sickness.
Dental Expenses	Covered Medical Expenses are payable on the same basis as for any other surgical expense for the removal of impacted wisdom teeth up to a maximum of $3,000 per Sickness.
High Cost Procedure Expenses *(Diagnostic Allowance includes MRI, CAT Scan, echocardiogram, etc.)*	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 80% of the Negotiated Charge. ***Non-Preferred Care:*** 80% of the Reasonable Charge. Covered Medical Expenses are subject to a $1,500 benefit maximum per covered Sickness.
Prescription Drug Expenses	Covered Medical Expenses for outpatient Prescription Drugs associated with a covered Sickness or covered Accident occurring during the Policy Year, are payable as follows: ***Preferred Care:*** 100% of Negotiated Charge. ***Non-Preferred Care:*** 100% of Reasonable Charge for each Prescription Drug dispensed at a Non-Participating Pharmacy. **Please note:** You are required to pay in full at the time of service for all Prescriptions dispensed at a Non-Participating Pharmacy. Covered Medical Expenses are payable up to a maximum of $2,000 per Policy Year.

Other Benefits (continued)	
Prescription Drug Expenses *(continued)*	Medications not covered by this benefit include, but are not limited to: allergy sera, drugs whose sole purpose is to promote or to stimulate hair growth, appetite suppressants, smoking deterrents, immunization agents and vaccines, and non-self injectables.
	Coverage for the following state mandated benefits will be covered the same as any other benefits covered by this Plan unless otherwise indicated.
Women's Health Benefit Expenses *(No Referral Required)*	Covered Medical Expenses include expenses for an annual Pap smear on the same basis as any outpatient expenses for women age 18 and older. If follow-up diagnostic Pap smears are Medically Necessary, they will be covered on the same basis as any other outpatient expense.

Mammogram Expenses *(No Referral Required)*	Covered Medical Expenses are payable on the same basis as any other expense. Coverage is provided for:
	• one or more mammograms a year, as recommended by a Doctor, for any woman who is at risk for breast cancer. For purposes of this benefit, "at risk" means:
	  • the woman has a personal history of breast cancer;
	  • the woman has a personal history of biopsy-proven benign breast disease; or
	  • the woman's mother, sister, or daughter has or has had breast cancer;
	  • a baseline mammogram for a woman aged 35 to 40 years; and,
	  • an annual mammogram for a woman aged 40 or older, or more frequently if recommended by the woman's Physician.

Early Intervention Expenses	Medically necessary early intervention services for a Dependent child from birth until the child's third birthday, up to a maximum benefit of $3,200 per year and an aggregate benefit of $9,600 over the total three-year period. No payment made under this benefit shall be applied against the Aggregate Maximum amount.
Hypodermic Needles or Syringes Expenses	Doctor prescribed hypodermic needles or syringes for the purpose of administering medications for medical conditions, provided such medications are covered under this Plan.
Maternity Expenses *(No Referral Required)*	Covered Medical Expenses for pregnancy, childbirth, and complications of pregnancy are payable on the same basis as any other Sickness. In the event of an inpatient confinement, such benefits would be payable for inpatient care of the Covered Person, and any newborn child, for a minimum of 48 hours after a vaginal delivery and for a minimum of 96 hours after a cesarean delivery. Any decision to shorten such minimum coverages shall be made by the attending Physician in consultation with the mother and done in accordance with the rules and regulations promulgated by the Department of Public Health. In such cases, Covered Medical Expenses may include home visits, parent education, and assistance and training in breast or bottle feeding.

Other Benefits (continued)	
Tumor and Leukemia Expenses	Surgical removal of tumors and treatment of leukemia, including outpatient chemotherapy, reconstructive surgery, cost of any non dental prosthesis including maxillo-facial prosthesis used to replace anatomic structures lost during treatment for head and neck tumors or additional appliances essential for the support of such prosthesis, and outpatient chemotherapy following surgical procedure in connection with the treatment of tumors. Such benefits shall be subject to the same terms and conditions applicable to all other benefits under this Plan. We will pay a policy year benefit of: 1) $1,000 for the removal of any breast implant; 2) $700 for the surgical removal of tumors; 3) $700 for reconstructive surgery; 4) $700 for outpatient chemotherapy; and 5) $700 for prosthesis, except that for the purposes of the surgical removal of breast due to tumors, the policy year benefit for prosthesis shall be at least $350 for each breast.
Home Health Care Expenses	Expenses for covered home health aide service in lieu of Hospitalization, except if diagnosed by a Doctor as terminally ill with a prognosis of six months or less to live. Covered Medical Expenses are payable as described below if expenses are incurred within the first 12 months from the date of the first home health care visit. A $50 annual Deductible applies. ***Preferred Care:*** 75% of the Negotiated Charge. ***Non-Preferred Care:*** 75% of the Reasonable Charge. Covered Medical Expenses are payable up to a maximum of 80 visits per Policy Year. Four hours of home health aide services shall be considered one home health care visit. Covered Medical Expenses include, but are not limited to: 1) Part-time nursing care by or supervised by a registered nurse (RN); 2) Part-time home health aide service which consists mainly of caring for the patient; 3) Physical, occupational, or speech therapy; or, 4) Medical supplies, drugs, medicines, and lab tests prescribed by a Physician. 5) Each four hours of home health aide will count as one visit. In the case of a terminally ill Covered Person, no more than $200 for medical social services for any 12-month period will be paid for covered services.

Other Benefits (continued)	
Diabetic Treatment and Supplies Expenses *(Please Note: Insulin syringes and diabetic testing supplies are covered under the Prescription Drug portion of the Plan)*	Covered Medical Expenses incurred for diabetic treatment, other than those provided under the Prescription Drug portion of the Plan, are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge. ***Non-Preferred Care:*** 100% of the Reasonable Charge.
Craniofacial Disorders Expenses	Covered Medical Expenses include charges incurred for orthopedic processes and appliances for treatment of craniofacial disorders for Covered Persons age 18 or younger. Covered Medical Expenses are payable on the same basis as any other expense.
Lyme Disease Treatment Expenses	Covered Medical Expenses include not less than 30 days of intravenous antibiotic therapy, 60 days of oral antibiotic therapy, or both, and further treatment if recommended by a rheumatologist, infectious disease specialist or neurologist.
Hearing Aids for Children Expenses	Covered Medical Expenses include hearing Aids for children 12 years of age and younger up to $1,000 in a 24 month period.
Prostate Cancer Screening Expenses	Covered Medical Expenses include, but are not limited to, prostate specific antigen (PSA) tests, to screen for prostate cancer for men who are symptomatic, whose biological father or brother have been diagnosed with prostate cancer, and for all men aged 50 and older. Covered Medical Expenses are payable on the same basis as any other expense.
Colorectal Cancer Screening Expenses	Covered Medical Expenses include charges incurred by a Covered Person who is non-symptomatic and age 50 or more or who is symptomatic and under age 50 for colorectal cancer examination and for the following tests: • One fecal occult blood test every 12 consecutive months; • A sigmoidoscopy at age 50 and every three years thereafter; • One digital rectal exam every 12 consecutive months; • A double contrast barium enema every five years; and, • A colonoscopy every 10 years. Covered Medical Expenses are payable on the same basis as any expense.
Prescription Contraceptive Medical Expenses	Covered Medical Expenses are payable on the same basis as any expense. Covered Medical Expenses also include any expenses incurred for office visits in conjunction with the administration of a covered prescription contraceptive. Coverage of oral contraceptives, Lunelle, Depo-Provera, Patch and Ring are provided under the separate Prescription Drug Benefit portion of the Plan.

Other Benefits (continued)	
Cancer Routine Care Expenses	Covered Medical Expenses include routine patient care costs associated with cancer clinical trials.
Preventative Pediatric Care Expenses	Benefits will be provided for periodic reviews every two months between birth to six months, every three months between nine to 18 months, and then annually from two to six years. Services must be provided by or under the supervision of a single Physician during the course of a visit. Preventative Pediatric Care means the periodic review of a Dependent child's physical and emotional health from birth through six years of age by or under the supervision of a Physician. Periodic reviews shall include a medical history, complete physical examination, developmental assessment, anticipatory guidance, appropriate immunizations and laboratory tests in keeping with prevailing medical standards.
Chiropractic Care Expenses	Covered Medical Expenses will be payable for services rendered by a licensed chiropractor, to the same extent coverage is provided for services rendered by a Physician, if such chiropractic services: 1) treat a condition covered under this Plan; and 2) are within those services a chiropractor is licensed to perform. Paid same as Physician benefit.
Inherited Metabolic Disease Expenses	Covered Medical Expenses include therapeutic treatment of Inherited Metabolic Disease, including the purchase of amino acid modified preparations and Low Protein Modified Food Products, when prescribed by and administered under the direction of a Physician on the same basis as any other Sickness. Inherited Metabolic Disease means a disease for which newborn screening is required under Connecticut law and is caused by an inherited abnormality of body chemistry. Low Protein Modified Food Product means a product formulated to have less than one gram of protein per serving and intended for the dietary treatment of an inherited metabolic disease under the direction of a Physician.
Mastectomy, Reconstructive Breast Surgery or Lymph Node Dissection Expenses	Covered Medical Expenses for such surgery will be paid under the Surgery Benefits. Coverage will be provided for at least 48 hours of inpatient care following a mastectomy or lymph node surgery. Coverage will be provided for longer periods of inpatient care if it is recommended by the patient's treating Physician after conferring with the patient. We will also provide benefits for the reasonable costs of reconstructive surgery on each breast on which a mastectomy has been performed, and reconstructive surgery on a nondiseased breast to produce a symmetrical appearance. This benefit is subject to the same terms and conditions applicable to all other benefits under this Policy.

Other Benefits (continued)	
Occupational Therapy Expenses	Covered Medical Expenses will be considered at 80% of Reasonable Charges, for the expenses incurred for occupational therapy received by a Covered Person as the result of a covered accident.
Ostomy Appliances and Supplies Expenses	Covered Medical Expenses incurred by a Covered Person which are Medically Necessary expenses for surgical treatments that end in the phrase "ostomy" as defined in Connecticut law. We will pay the Ostomy Appliances and Supplies Expenses up to a maximum benefit of $1,000 per condition. Under Connecticut law, ostomy appliances and supplies include, but are not limited to, collection devices, irrigation equipment and supplies, skin barriers and skin protectors.
Pain Management Benefit Expenses	Covered Medical Expenses include expenses incurred by a Covered Person for treatment by or under the management of a pain management specialist. We will also pay the expenses incurred for pain treatment ordered by such specialist. Such treatment may include all means necessary to make a diagnosis and develop a treatment plan including the use of necessary medications and procedures.
Anesthesia and In-hospital Dental Services Expenses	Covered Medical Expenses incurred for Medically Necessary in or out patient treatment or one day dental treatment for a Covered Person who is determined by a licensed dentist, in conjunction with a Physician, to have a dental condition of significant dental complexity that it requires certain dental procedures to be performed in a Hospital or has a developmental delay disability if a Physician determines medically necessary.
Specialized Formula Expenses	When medically necessary for children up to age three for the treatment of a disease or condition and administered under the direction of physician as specified in Public Act 01-101.

General Provisions

State Mandated Benefits

The Plan will always pay benefits in accordance with any Connecticut State Insurance Law(s) that apply.

Subrogation/Reimbursement Right of Recovery Provision

Immediately upon paying or providing any benefit under this Plan, Aetna shall be subrogated to all rights of recovery a Covered Person has against any party potentially responsible for making any payment to a Covered Person, due to a Covered Person's Injuries or illnesses, to the full extent of benefits provided, or to be provided by Aetna. In addition, if a Covered Person receives any payment from any potentially responsible party, as a result of an Injury or illness, Aetna has the right to recover from, and be reimbursed by, the Covered Person for all amounts this Plan has paid, and will pay as a result of that Injury or illness, up to and including the full amount the Covered Person receives, from all potentially responsible parties. A "Covered Person" includes, for the purposes of this provision, anyone on whose behalf this Plan pays or provides any benefit, including but not limited to the minor child or Dependent of any Covered Person, entitled to receive any benefits from this Plan.

As used in this provision, the term "responsible party" means any party possibly responsible for making any payment to a Covered Person or on a Covered Person's behalf due to a Covered Person's Injuries or illness or any insurance coverage responsible making such payment, including but not limited to:

- Uninsured motorist coverage;
- Underinsured motorist coverage;
- Personal umbrella coverage;
- Med-pay coverage;
- Workers compensation coverage;
- No-fault automobile insurance coverage; or
- Any other first party insurance coverage.

The Covered Person shall do nothing to prejudice Aetna's subrogation and reimbursement rights. The Covered Person shall, when requested, fully cooperate with Aetna's efforts to recover its benefits paid. It is the duty of the Covered Person to notify Aetna within 45 days of the date when any notice is given to any party, including an attorney, of the intention to pursue or investigate a claim; to recover damages, due to Injuries sustained by the Covered Person.

The Covered Person acknowledges that this Plan's subrogation and reimbursement rights are a first priority claim against all potential responsible parties, and are to be paid to Aetna before any other claim for the Covered Person's damages. This Plan shall be entitled to full reimbursement first from any potential responsible party payments, even if such payment to the Plan will result in a recovery to the Covered Person, which is insufficient to make the Covered Person whole, or to compensate the Covered Person in part or in whole for the damages sustained. This Plan is not required to participate in or pay attorney fees to the attorney hired by the Covered Person to pursue

the Covered Person's damage claim. In addition, this Plan shall be responsible for the payment of attorney fees for any attorney hired or retained by this Plan. The Covered Person shall be responsible for the payment of all attorney fees for any attorney hired or retained by the Covered Person or for the benefit of the Covered Person.

The terms of this entire subrogation and reimbursement provision shall apply. This Plan is entitled to full recovery regardless of whether any liability for payment is admitted by any potentially responsible party, and regardless of whether the settlement or judgment received by the Covered Person identifies the medical benefits this Plan provided. This Plan is entitled to recover from any and all settlements or judgments, even those designated as "pain and suffering" or "non-economic damages" only.

In the event any claim is made that any part of this subrogation and reimbursement provision is ambiguous or questions arise concerning the meaning or intent of any of its terms, the Covered Person and this Plan agree that Aetna shall have the sole authority and discretion to resolve all disputes regarding the interpretation of this provision.

Additional Services and Discounts

As a participant in the Student Health Insurance Plan, you can also take advantage of the following services, discounts, and programs. These services, discounts, and programs are not underwritten by Aetna.

Vision One® Discount Program	The Vision One Discount Program helps you save on many eye care products, including eyeglasses, contact lenses, non-prescription sunglasses, contact lens solutions and other eye care accessories. Plus, you can receive up to a 25% discount on LASIK surgery (the laser vision correction procedure). Call **(800) 793-8616** for additional Program information and provider locations, or simply log onto ***www.chickering.com***, click on "Student Connection" and under "Find Your School" enter your school name to find a Vision One provider near you.
Informed Health® Line Service	Aetna's Informed Health® Line gives you easy access to credible health information. All Informed Health Line services are available 24 hours a day, 365 days a year on demand from any touch-tone phone or computer within the United States (including Alaska and Hawaii). **1. 24-Hour Nurse Line** Call our toll free number to access registered nurses* who are experienced in providing information on a variety of health topics. The nurses can help you: • Learn about medical procedures and possible treatment options. • Improve the way you communicate with your health care providers. Find out how to describe health symptoms more effectively, ask the right questions and provide a clear history of your eating, exercise and lifestyle habits.

Additional Services and Discounts (continued)	
Informed Health® Line Service *(continued)*	To reach an Informed Health® Line Nurse, please call **(800) 556-1555** For TDD (hearing and speech impaired only): **(800) 270-2386** **2. Audio Health Library** The Informed Health® Line audio health library contains information on thousands of health topics such as common conditions and diseases, gender- and age-specific health issues, dental care, mental health and substance abuse, weight loss and much more. To access the audio health library system, call the Informed Health Line toll-free number and simply enter the topic codes you're interested in. And if you have questions, you can transfer easily to an Informed Health Line nurse at any time. To access the Informed Health Line audio health library, please call **(800) 556-1555** For TDD (hearing and speech impaired only): **(800) 270-2386** **3. Healthwise® Knowledgebase** If you prefer to view health information online, simply log on to your Aetna Navigator account and click on "Take Action On Your Health" which will link you to the Healthwise® Knowledgebase, one of the most advanced health databases available. The Healthwise Knowledgebase contains detailed information about health conditions, medical tests and procedures, medications and treatment options. It also features illustrations and decision-focused tools to help you make more informed health care decisions. ** Informed Health Line nurses cannot diagnose, prescribe or give medical advice. Contact your physician with any questions or concerns regarding your health care needs. Also, the topics discussed by the nurses, on the audio tapes or online may not necessarily be covered by your health plan.*
Fitness Program	Aetna's Fitness Program, offered in conjunction with GlobalFit™, offers discounted membership rates at over 1,500 independent fitness clubs nationwide, as well as discounts on certain home exercise equipment. There are no long term contracts and GlobalFit offers convenient payment options. Contact Chickering Claims Administrators, Inc. for more information.

Additional Services and Discounts (continued)	
Alternative Health Care Programs	Save money on many alternative therapies and products through our Alternative Health Care Programs. Take advantage of discounted rates on chiropractic manipulation, acupuncture and massage therapy, and nutritional counseling. Through participating retailers, you can also save on vitamins, supplements, and natural products such as aromatherapy, yoga tools, and homeopathy. These participating providers and vendors are independent contractors and are neither agents nor employees of Connecticut State University, Chickering, or Aetna.

Optional Dental	
Vital Savings	Vital Savings by Aetna℠ – offers you a great way to get significant discounts on Dental services. The Vital Savings card gives you access to substantial savings on dental care. The cost is **$25** for students for annual membership **September 1, 2005** through **August 31, 2006**. For complete details and to enroll, visit ***www.chickering.com***. Click on "Find Your School" and search by school name.

Definitions

Accident: An occurrence which (a) is unforeseen, (b) is not due to or contributed to by Sickness or disease of any kind, and (c) causes Injury.

Actual Charge: The Actual Charge made for a covered service by the provider that furnishes it.

Aggregate Maximum: The maximum benefit that will be paid under the Policy for all Covered Medical Expenses incurred by a Covered Person that accumulate from one year to the next.

Brand-Name Prescription Drug or Medicine: A Prescription Drug which is protected by trademark registration.

Coinsurance: The percentage of Covered Medical Expenses payable by Aetna under the Accident and Sickness Insurance Plan.

Copay: The amount that must be paid by the Covered Person at the time services are rendered by a Preferred Provider. Copay amounts are the responsibility of the Covered Person.

Covered Medical Expenses: Those charges for any treatment, service, or supplies covered by the Policy which are: (a) not in excess of the Reasonable Charges; or, (b) not in excess of the charges that would have been made in the absence of this coverage; and, (c) incurred while the Policy is in force as to the Covered Person except with respect to any expenses payable under the Extension of Benefits provision.

Covered Person: A covered student and any covered dependent whose coverage is in effect under the Policy. See the Eligibility sections of this Brochure for additional information.

Deductible: A specific amount of Covered Medical Expenses that must be incurred and paid for by the Covered Person before benefits are payable under the Plan. Deductible amounts are the responsibility of the Covered Person.

Elective Treatment: Medical treatment which is not necessitated by a pathological change in the function or structure in any part of the body occurring after the Covered Person's effective date of coverage. Elective treatment includes, but is not limited to: tubal ligation; vasectomy; breast reduction, except as specifically provided elsewhere in the Policy; sexual reassignment surgery; treatment for weight reduction; temporomandibular joint (TMJ) dysfunction; immunization, except as specifically provided elsewhere in the Policy; vaccines; and routine physical examinations.

Emergency Medical Condition: This means a recent and severe medical condition, including, but not limited to, severe pain, which would lead a prudent layperson possessing an average knowledge of medicine and health, to believe that their condition, Sickness, or Injury is of such a nature that failure to get immediate medical care could result in:

- Placing the person's health in serious jeopardy; or
- Serious impairment to bodily function; or
- Serious dysfunction of a body part or organ; or
- In the case of a pregnant woman, serious jeopardy to the health of the fetus.

It does include an Accident or serious illness such as heart attack, stroke, poisoning, loss of consciousness or respiration, and convulsions. It does not include elective care, routine care, or care for non-emergency illness.

If a Covered Person believes that they may have an emergency condition, they may call the 911 telephone number for police and ambulatory assistance. Aetna will determine if a condition is an emergency condition, based upon whether or not a prudent layperson, acting reasonably, would have believed that emergency medical treatment is needed.

Generic Prescription Drug or Medicine: A Prescription Drug that is not protected by trademark registration, but is produced and sold under the chemical formulation name.

Injury: Bodily Injury caused by an Accident; this includes related conditions and recurrent symptoms of such Injury.

Medically Necessary: A service or supply that is necessary and appropriate, for the diagnosis or treatment of a Sickness or Injury, based on generally accepted current medical practice.

In order for a treatment, service, or supply to be considered Medically Necessary, the service or supply must:

- Be care or treatment which is likely to produce as significant positive outcome as any alternative service or supply, both as to the Sickness or Injury involved and the person's overall health condition. It must be no more likely to produce a negative outcome than any alternative service or supply, both as to the Sickness or Injury involved and the person's overall health condition;
- Be a diagnostic procedure which is indicated by the health status of the person. It must be as likely to result in information that could affect the course of treatment as any alternative service or supply, both as to the Sickness or Injury involved and the person's overall health condition. It must be no more likely to produce a negative outcome than any alternative service or supply, both as to the Sickness or Injury involved and the person's overall health condition; and
- As to diagnosis, care, and treatment, be no more costly (taking into account all health expenses incurred in connection with the treatment, service, or supply) than any alternative service or supply to meet the above tests.

In determining if a service or supply is appropriate under the circumstances, Aetna will take into consideration:

- Information relating to the affected person's health status;
- Reports in peer reviewed medical literature;
- Reports and guidelines published by nationally recognized health care organizations that include supporting scientific data;
- Reports and guidelines published by nationally recognized health care organizations that include supporting scientific data;
- Generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care, or treatment;
- The opinion of health professionals in the generally recognized health specialty involved; and
- Any other relevant information brought to Aetna's attention.

In no event will the following services or supplies be considered to be Medically Necessary:

- Those that do not require the technical skills of a medical, mental health, or dental professional; or
- Those furnished mainly for the personal comfort, or convenience, of the person, any person who cares for him or her, or any person who is part of his or her family, any health care provider, or health care facility; or
- Those furnished solely because the person is an inpatient on any day on which the person's Sickness or Injury could safely and adequately be diagnosed or treated while not confined; or
- Those furnished solely because of the setting if the service or supply could safely and adequately be furnished, in a Physician's or a dentist's office, or other less costly setting.

Negotiated Charge: The maximum charge a Preferred Care Provider has agreed to make as to any service or supply for the purpose of the benefits under the Plan.

Non-Preferred Care: A health care service or supply furnished by a health care provider that is not a Preferred Care Provider, if, as determined by Aetna: (a) the service or supply could have been provided by a Preferred Care Provider; and, (b) the provider is of a type that falls into one or more of the categories of providers listed in the Directory.

Non-Preferred Care Provider (or Non-Preferred Provider): A health care provider that has not contracted to furnish services or supplies at a Negotiated Charge.

Non-Preferred Pharmacy: A Pharmacy not party to a contract with Aetna, or a Pharmacy that is party to such a contract but which does not dispense Prescription Drugs in accordance with its terms.

Pharmacy: An establishment where Prescription Drugs are legally dispensed.

Physician: A legally qualified Physician, licensed by the state in which they practice, and any other practitioner who must, by law, be recognized as a doctor legally qualified to render treatment.

Pre-Existing Condition: Any Injury, Sickness, or condition that was diagnosed or treated, or would have caused a person to seek diagnosis or treatment within three months prior to the Covered Person's effective date of insurance.

If a student has continuous coverage under the Connecticut State University Student Health Insurance Plan from one year to the next, an Accident or Sickness that first manifests itself during a prior year's coverage shall not be considered a Pre-Existing Condition.

Preferred Care: Care provided by a Preferred Care Provider; or any health care provider for an emergency condition when travel to a Preferred Care Provider is not feasible.

Preferred Care Provider (or Preferred Provider): A health care provider that has contracted to furnish services or supplies for a Negotiated Charge; but only if: (a) the provider is, with Aetna's consent, included in the Directory as a Preferred Care Provider for the service or supply involved; and, (b) the class of which the Covered Person is a member.

Preferred Pharmacy: A Pharmacy which is party to a contract with Aetna to dispense drugs to persons covered under the Policy, but only while the contract remains in effect and when the Pharmacy dispenses a Prescription Drug under the terms of its contract with Aetna.

Prescription: An order of a prescriber for a Prescription Drug. If it is an oral order, it must be promptly put in writing by the Pharmacy.

Reasonable Charge: Only that part of a charge which is reasonable is covered. The Reasonable Charge for a service or supply is the lowest of:

- The provider's usual charge for furnishing it;
- The charge Aetna determines to be appropriate, based on factors such as the cost of providing the same or a similar service or supply and the manner in which charges for the service or supply are made;
- The charge Aetna determines to be the prevailing charge level made for it in the geographic area where it is furnished.

In some circumstances, Aetna may have an agreement, either directly or indirectly through a third party, with a provider which sets the rate that Aetna will pay for a service or supply. In these instances, in spite of the methodology described above, the Reasonable Charge is the rate established in such agreement.

In determining the Reasonable Charge for a service or supply that is:

- Unusual; or
- Not often provided in the area; or
- Provided by only a small number of providers in the area,

Aetna may take into account factors, such as:

- The complexity
- The degree of skill needed
- The type of specialty of the provider
- The range of services or supplies provided by a facility; and
- The prevailing charge in other areas.

Sickness: A disease or illness including related conditions and recurrent symptoms of the Sickness. Sickness also includes pregnancy and complications of pregnancy.

Exclusions

The Plan neither covers nor provides benefits for the following:

1. Expenses incurred as a result of dental treatment, except for: (a) Injury to sound, natural teeth; or (b) extraction of impacted wisdom teeth as provided elsewhere in the Policy.

2. Expenses incurred for services normally provided without charge by the Policyholder's health service, infirmary, or hospital, or by health care providers employed by the Policyholder.

3. Expenses incurred for eye refractions, vision therapy, radial keratotomy, eyeglasses, contact lenses (except when required after cataract surgery), or other vision or hearing aids, or Prescriptions or examinations except as required for repair caused by a covered Injury.

4. Expenses incurred as a result of an Accident occurring in consequence of riding as a passenger, or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular, published schedules on a regularly established route.

5. Expenses incurred as a result of an Injury or Sickness for which benefits are payable under any Workers' Compensation or Occupational Disease Law. This exclusion will not apply to the following:

- A Covered Person who is a sole proprietor or business owner who is not covered under Connecticut State Statutes Chapter 568-Workers' Compensation Act (Chapter 568), or, who accepts the provisions of Chapter 568, Section 31-275(10); and
- A Covered Person who is a corporate officer of a Corporation, whether or not they are excluded, or have requested exclusion, from coverage under Chapter 568 as allowed by Connecticut State Statutes, Section 31-275(9)(B)(V).

6. Expenses incurred as a result of Injury sustained or Sickness contracted while in the service of the armed forces of any country. Upon the Covered Person entering the armed forces of any country, the unearned pro-rata premium will be refunded to the Policyholder.

7. Expenses incurred for treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance.

8. Expenses incurred for plastic surgery, cosmetic surgery, reconstructive surgery, or other services and supplies that improve, alter, or enhance appearance, whether or not for psychological or emotional reasons. This exclusion will not apply to the extent needed to:

a) Improve the function of a part of the body that is not a tooth or structure that supports the teeth, and is malformed as a result of a severe birth defect (including harelip and webbed fingers or toes), or as direct result of disease, or from surgery performed to treat a Sickness or Injury.
b) Repair an Injury (including reconstructive surgery for a prosthetic device for a Covered Person who has undergone a mastectomy) which occurs while the Covered Person is covered under the Plan. Surgery must be performed in the Policy Year of the Accident which causes the Injury or in the next Policy Year.

9. Expenses for Injuries sustained as a result of a motor vehicle Accident to the extent that benefits are payable under other valid and collectible insurance, whether or not a claim is made for such benefits.

10. Expenses incurred for a treatment, service, or supply, which is not Medically Necessary, as determined by Aetna, for the diagnosis care or treatment of the Sickness or Injury involved. This applies even if they are prescribed, recommended, or approved, by the person's attending Physician or dentist.

In order for a treatment, service, or supply, to be considered Medically Necessary, the service or supply must:

- Be care, or treatment, which is likely to produce a significant positive outcome as, and no more likely to produce a negative outcome than, any alternative service or supply, both as to the Sickness or Injury involved, and the person's overall health condition;
- Be a diagnostic procedure which is indicated by the health status of the person, and be as likely to result in information that could affect the course of treatment as, and no more likely to produce a negative outcome than, any alternative service or supply, both as to the Sickness or Injury involved, and the person's overall health condition; and
- As to diagnosis, care, and treatment, be no more costly (taking into account all health expenses incurred in connection with the treatment, service, or supply), than any alternative service or supply to meet the above tests.

In determining if a service or supply is appropriate under the circumstances, Aetna will take into consideration:

- Information relating to the affected person's health status;
- Reports in peer reviewed medical literature;
- Reports and guidelines published by nationally recognized health care organizations that include supporting scientific data;
- Generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care, or treatment;
- The opinion of health professionals in the generally recognized health specialty involved; and
- Any other relevant information brought to Aetna's attention.

In no event will the following services or supplies be considered to be Medically Necessary:

- Those that do not require the technical skills of a medical, mental health, or dental professional; or
- Those furnished mainly for the personal comfort or convenience of the person, any person who cares for him or her, or any person who is part of his or her family, any health care provider, or health care facility; or
- Those furnished solely because the person is an inpatient on any day on which the person's Sickness or Injury could safely, and adequately, be diagnosed, or treated, while not confined, or those furnished solely because of the setting, if the service or supply could safely and adequately be furnished in a Physician's or a dentist's office, or other less costly setting.

11. Expenses incurred for any services rendered by a member of the Covered Person's immediate family or a person who lives in the Covered Person's home.

12. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.

13. Expenses incurred for services normally provided without charge by the school and covered by the school fee for services.

14. Expenses incurred as a result of a Covered Person's commission of a felony.

15. Expenses incurred for voluntary or elective abortions, unless otherwise provided in the Policy.

16. Expenses incurred as part of services or supplies that are, as found by Aetna, to be experimental or investigational. A drug, device, procedure, or treatment will be found to be experimental or investigational if:

- There is not enough outcomes data available from controlled clinical trials published in the peer reviewed literature to confirm its safety and effectiveness for the disease, or Injury involved; or
- If required by the FDA, approval has not been granted for marketing; or
- A recognized national medical or dental society, or regulatory agency has found, in writing, that it is experimental, investigational, or for research purposes; or
- The written protocol(s) used by the treating facility, or the protocol(s) of any other facility studying substantially the same drug, device, procedure, or treatment, or the written informed consent used by the treating facility or by another facility studying the same drug, device, procedure, or treatment states that it is experimental, investigational, or for research purposes.

However, this exclusion will not apply with respect to services, or supplies (other than drugs), received due to a disease, if Aetna finds that:

- The disease can be expected to cause death within one year, in the absence of effective treatment; and
- The care or treatment is effective for that disease, or shows promise of being effective for that disease as shown by scientific data. In making this finding, Aetna will take into account the results of a review by a panel of independent medical professionals. They will be selected by Aetna. This panel will include professionals who treat the type of disease involved.

Also, this exclusion will not apply with respect to drugs that:

- Have been granted treatment investigational new drug (IND), or Group Treatment IND status; or
- Are being studied at the Phase III level in a national clinical trial sponsored by the National Cancer Institute, if Aetna finds that available scientific evidence shows that the drug is effective, or shows promise of being effective, for the disease.

17. Expenses for treatment of Injury or Sickness to the extent payment is made, as a judgement or settlement, by any person deemed responsible for the Injury or Sickness (or their insurers) in accordance with Connecticut law or regulation.

18. Expenses incurred for, or related to, sex change surgery or to any treatment of gender identity disorders.

Those for routine physical exams, routine vision exams, routine dental exams, routine hearing exams, immunizations, or other preventive services and supplies, except to the extent coverage for such exams, immunizations, services, or supplies is specifically provided in the Policy.

19. Expenses incurred for breast reduction/mammoplasty.

20. Expenses for treatment of covered students who specialize in the mental health care field, and who receive treatment as part of their training in that field.

21. Expenses for: (a) care of flat feet; (b) supportive devices for the foot; (c) care of corns, bunions, or calluses; (d) care of toenails; and (e) care of fallen arches; weak feet; or chronic foot strain; except that (c) and (d) are not excluded when medically necessary; because the Covered Person is diabetic; or suffers from circulatory problems.

22. Expenses incurred for elective treatment or elective surgery except as specifically provided elsewhere in the Policy and performed while the Policy is in effect.

Any exclusion listed will not apply to the extent that coverage is required under any law that applies to the coverage.

Extension of Benefits

If a Covered Person is confined to a hospital on the date their insurance terminates, expenses incurred after the termination date and during the continuance of that hospital confinement shall be payable in accordance with the Policy, but only while they are incurred during the 90-day period following such termination of insurance.

For those students who have graduated from the University, or who are no longer eligible to enroll in the Plan because they have lost their eligibility status, the Plan will pay expenses incurred within 104 weeks of the date of a covered Accident or within 52 weeks of the onset of a covered Sickness. This benefit allows those students to continue treatment for a condition which was established/ manifested while they were insured under the Plan for up to 104/52 weeks from the date of the Accident or Sickness. Those students who continue enrollment and who have not elected to enroll in the Student Sickness Insurance Plan will have a Policy Year benefit.

Termination of Insurance

Benefits are payable under the Policy only for those Covered Medical Expenses incurred while the Policy is in effect as to the Covered Person. No benefits are payable for expenses incurred after the date the insurance terminates, except as may be provided under the Extension of Benefits provision.

Policy Cancellation

The Plan will remain in force indefinitely, but may be ceased by either party.

Connecticut State University may cease the Policy as to any or all coverage of all or any class of students. Aetna must be given written notice. The notice must state when such termination shall occur. It must be a date after the notice. It shall not be effective during a period for which a premium has been paid to Aetna as to the coverage.

Aetna has the right to cease the Policy only under the following conditions:

- Non-payment of premium.
- Fraud or misrepresentation of a material fact under the terms of the coverage.
- Aetna ceases to offer Student Blanket Health Insurance coverage subject to the terms of any Connecticut law or regulation.

As to non-payment of premium, Aetna has the right to cease the Policy as to all or any class of students of Connecticut State University at any time after the end of the grace period if the premium for student coverage has not been paid. Written notice of the termination date must be given by Aetna. This right is subject to the terms of any laws or regulations.

As to the other termination conditions, Aetna may cease the Policy in its entirety or as to any or all coverage of all or any class of students by giving Connecticut State University advance written notice of when it will cease. The date shall not be earlier than 31 days after the date of the notice unless it is agreed to by Connecticut State University and Aetna.

If:

- The Policy terminates as to any of the students of Connecticut State University; and
- Premiums have not been paid for the period the Policy was in force for those students, then Connecticut State University shall be liable to Aetna for the unpaid premiums.

Claim Procedure

On occasion, the claims investigation process will require additional information in order to properly adjudicate the claim. This investigation will be handled directly by Chickering Claims Administrators, Inc. (Chickering).

Customer Service Representatives are available 8:30 a.m. to 5:30 p.m., Monday through Friday, ET for any questions.

1. Bills must be submitted within 90 days from the date of treatment.

2. Payment for Covered Medical Expenses will be made directly to the hospital or Physician concerned unless bill receipts and proof of payment are submitted.

3. In the event of a disagreement over the payment of a claim, a written request to review the claim must be mailed to Chickering within one year from the date appearing on the Explanation of Benefits.

4. Make a copy of any documentation submitted to Chickering for your records.

5. You will receive an "Explanation of Benefits" when your Claims are processed. The Explanation of Benefits will explain how your claim was processed according to the benefits of your Student Accident and Sickness Insurance Plan.

How to Appeal a Claim

In the event a Covered Person disagrees with how a claim was processed, they may request a review of the decision. The Covered Person's requests must be made in writing within 60 days of receipt of the Explanation of Benefits (EOB). The Covered Person's request must include why they disagree with the way the claim was processed. The request must also include any additional information that supports the claim (e.g., medical records, Physician's office notes, operative reports, Physician's letter of Medical Necessity, etc.). Please submit all requests to:

Chickering Claims Administrators, Inc.
P.O. Box 15717
Boston, MA 02215-0014

Chickering and Aetna have established a procedure for resolving complaints by Covered Persons. If a Covered Person has a complaint, they must follow this procedure:

- An Appeal is defined as a written request for review of a decision which has been denied in whole or in part, after consideration of any relevant information. This includes a request for claim payment, certification, eligibility or referral, etc. The address is shown above and is also shown on your ID Card.
- An Appeal must be submitted within 60 days of the date Aetna provides notice of denial.
- An acknowledgment letter will be sent to the Covered Person within five days of Aetna's receipt of the Appeal. This letter may request additional information. If so, the additional information must be submitted to Aetna within 15 days of the date of the letter.
- The Covered Person will be sent a response within 30 days of Aetna's receipt of the Appeal. The response will be based on the information provided with or subsequent to the Appeal.
- If the Appeal concerns an eligibility issue, and if additional information is not submitted to Aetna after receipt of Aetna's response, the decision is considered Aetna's final response 60 days after receipt of the Appeal. For all other Appeals, if additional information is to be submitted to Aetna after receipt of Aetna's response, it must be submitted within 15 days.
- Aetna's final response will be sent within 30 days from the date of Aetna's first response letter.
- If additional time is needed to resolve the Appeal, Aetna will provide a written notification indicating that additional time is needed, explaining why such time is needed and setting a new date for a response. The additional time shall not be extended beyond another 30 days.
- In an emergency situation involving admission to or services from an acute care hospital, if the Covered Person's Physician, or the hospital, determines that the Covered Person faces a life-threatening or other serious Injury situation, they may submit a written request for an expedited review. A response shall be given to the provider within three hours of Aetna's receipt of the request and all necessary information. If a response is not provided within this time frame the request is considered approved.
- In all other urgent or emergency situations, the Appeal procedure may be initiated by a telephone call. A verbal response to the telephone call shall be given to the provider within two business days, provided that all necessary information is available. Written notice of the decision will be sent within two business days of Aetna's verbal response. If the Covered Person is dissatisfied with Aetna's response, the Appeal procedure outlined above may be utilized. Aetna's telephone number is on the Covered Person's ID Card.
- Aetna will keep the records of any complaint for three years.

If, after completing the Appeal procedure outlined above, the Covered Person, the Covered Person's Physician, or the hospital are still dissatisfied with Aetna's response, the Covered Person may appeal the decision to the Connecticut Insurance Department. You may also seek additional information on the web page for the applicable State Insurance Department or other agency regarding your rights, including how to obtain regulatory review of member concerns. The applicable internet address for the State Insurance Department for your Plan is: ***www.state.ct.us/cid***.

This must be done within 30 days of receipt of Aetna's final response.

Prescription Drug Claim Procedure

When obtaining a covered Prescription, please present your Chickering ID card to an Aetna Preferred Pharmacy. The Pharmacy will submit a claim to Aetna for the drug. If you fill your Prescription at a Non-Preferred Provider, you will need to pay in full at the time of service and file a claim with Aetna. Claim Forms, Pharmacy locations, and claims status information can be obtained by contacting Aetna Pharmacy Management at **(800) 238-6279**. Additionally, a listing of Pharmacy locations may be obtained by accessing the internet at: ***www.chickering.com***, clicking on "Student Connection" and under "Find Your School" search by school name.

When you need to fill a Prescription and do not have your ID card with you, you may obtain your Prescription from an Aetna Preferred Pharmacy and be reimbursed by submitting a completed Aetna Prescription Drug claim form which can be obtained on chickering's website at ***www.chickering.com***. You will be reimbursed for covered medications directly by Aetna. Please note you may be required to pay the difference between the retail price you paid for the drug and the amount Aetna would have paid if you had presented your ID card and the Pharmacy had billed Aetna directly. When submitting a claim, please include all Prescription receipts; indicate that you attend Connecticut State University; and include your name, address, and student identification number.

General Information

Provider Network

A complete list of participating providers, including the names, addresses, and type of specialty, is provided in the Provider Directory. Information is also available by accessing Aetna's DocFind® Service via the internet at: ***www.chickering.com***, clicking on "Student Connection" and under "Find Your School" search by school name. Once at your University's webpage, click on the DocFind tab on the left of your screen.

Provider Reimbursement

Participating providers are reimbursed on a discounted fee for service basis. Where the Covered Person is responsible for a Coinsurance payment based on a percentage of the bill, the Covered Person's obligation is to be determined on the basis of the charges established by contract, if any, rather than on the basis of the provider's billed charges.

Non-Participating Providers providing covered services are compensated on a fee for service basis.

Aetna Pharmacy Management negotiates discounts from independent Pharmacies, chain Pharmacies, and mail order vendors who accept our reimbursement rates for dispensing and ingredient costs in return for volume business. Our negotiated discounts are passed in full to our Plan sponsors.

The reimbursement formula is based on Average Wholesale Price (AWP) less a negotiated discount, plus a dispensing fee. The dispensing fee is a contractual fee negotiated between Aetna Pharmacy management and the network Pharmacy. The negotiated rate self-renews each year, unless it is changed contractually.

Where the Covered Person is responsible for a Coinsurance payment based on a percentage of the bill, the member's obligation is to be determined on the basis of the charges established by contract, if any, rather than on the basis of the provider's billed charges.

Pre-Authorization Requirements and Grievance Procedures

All inpatient admissions must be pre-certified by contacting Chickering Claims Administrators, Inc. Aetna Life Insurance Company evaluates and determines the appropriateness of medical care resources utilized by their Covered Persons. To accomplish these goals, Aetna Life Insurance Company has developed a comprehensive Patient Management Program. The population demographics of the membership and the program's results are reviewed to determine the need for changes. Regional medical directors in concert with local market medical directors review this information to initiate new program development or to enhance current programs. The Patient Management Program is reviewed annually.

Only Medical Directors make decisions denying coverage for services for reasons of Medical Necessity. All such Patient Management determinations are communicated both by telephone and in writing. Decisions on appeals are made in a timely manner, as required, by the urgency of the situation. Pre-Authorization decisions are made within two business days; emergent decisions are made immediately; concurrent decisions are made within one business day; and retrospective decisions are made within 30 days of the receipt of appropriate information. If subspecialty review is required, the Focused Review process takes approximately 10 business days. Procedures that must be performed within this time frame are excluded from the Pre-Certification requirement.

Coverage denial letters delineate any unmet criteria standards and guidelines, and inform the provider and Covered Person of the appeal process.

The actual components of the Aetna Patient Management Plan include the following and apply for all products:

Inpatient Service Authorization
Registration of Inpatient Services
Inpatient Pre-Certification
Concurrent Review
Discharge Planning
Care Management
Retrospective Review

Medical Loss Ratio
The anticipated medical loss ratio, or percentage of total premium revenue that will be spent on medical care for student health coverage for the calendar year ending on **December 31, 2005**, is 78%.

Plan Ownership and For Profit Status
Aetna is incorporated in Connecticut and is owned by Aetna, Inc. Both Aetna Life Insurance Company and Aetna, Inc. are "for profit" organizations.

Information Phone Number
A toll-free number is available for Covered Person inquiries regarding coverage and benefits, claims grievance procedures, or complaint procedures. The toll-free number for Customer Services is **(877) 375-4244**.

Specialty Referral Procedures
In the PPO product, Covered Persons can access medical services directly without first visiting the Primary Physician.

Member Satisfaction
At this time, Aetna does not conduct an annual Covered Person survey. However, on **March 15, 1999**, the Insurance Commissioner of the State of Connecticut produced an annual consumer report card on the managed care organization. This report card is available from the Connecticut Department of Insurance.

Provider/Member Discussions
In its provider contracts and as a matter of corporate Policy, Aetna does not prohibit network providers from discussing with their patients alternative treatment options and the method under which they are compensated. In fact, Aetna affirmatively encourages such discussions.

Confidentiality of Medical Records and Patient Information
Aetna has adopted a comprehensive insurance privacy Policy based on the recommendations of the Federal Privacy Protection Study Commission. The following describes certain aspects of that Policy which will apply to you as a Covered Person in a Plan of student blanket insurance insured by Aetna. The Policy does not apply where a different approach is required by law.

Information Which May be Collected
Aetna, in providing insurance services to you, relies mainly on the information you give on your Enrollment Form and when you file claims.

Aetna may also collect information about you from other sources. This is information necessary for Aetna to perform its function with regard to the insurance transaction in question.

Disclosure of Information to Others

All of this information will be treated as confidential. It will not be disclosed to others without your authorization, except in some instances where such disclosure is necessary for the conduct of Aetna's business. Disclosure cannot be contrary to any law which applies.

The following sets forth the types of disclosure that may be made:

- Information may be made available to your School in connection with the claim and financial administration of the Plan. This includes Policyholder audits.
- Information may be disclosed to other insurers, if there may be duplicate coverage, or a need to preserve the continuity of your coverage.
- Information may be disclosed to peer review organizations, and other agencies, to determine whether health services were necessary and reasonably priced.

In addition, information may be given to regulators of Aetna's business, and to others, as may be required by law. It may also be given to law enforcement authorities, when needed, to prevent or prosecute fraud or other illegal activities.

Your Right of Access and Correction

In general, you have a right to learn the nature and substance of any information Aetna has in its files about you. You may also have a right of access to such files, except information which relates to a claim or a civil or criminal proceeding, and to ask for correction, amendment, or deletion of personal information. This can be done in states which provide such rights and which grant immunity to insurers providing such access. If you request any health information, Aetna may elect to disclose details of the information you request to your (attending) Physician.

Accidental Death and Dismemberment Benefits

This insurance coverage provides Accidental Death and Dismemberment coverage underwritten by Unum Provident Life Insurance Company of America.

Benefits are payable for the Accidental Death and Dismemberment of the eligible insureds. When, because of Injury, you suffer any of the following losses within 90 days from the date of the Accident, we will pay as follows:

For Loss Of:	**Principle Sum**
Life	$5,000
Two Hands	$25,000
Two Feet	$25,000
Sight of two eyes	$25,000
One hand and one foot	$10,000
One hand and sight of one eye	$25,000
One foot and sight of one eye	$25,000
One hand or one foot or one eye	$10,000
Movement of Both Upper and Lower Limbs (Quadriplegia)	$50,000
Movement of both lower limbs (Paraplegia)	$25,000
Movement of both upper and lower limbs of one side of the body (Hemiplegia)	$25,000

Loss of hands and feet means the loss at or above the wrist or ankle joints. Loss of eyes means total irrecoverable loss of the entire sight. Only one of the amounts named above will be paid for Injuries resulting from any one accident. The amount so paid shall be the largest amount that applies.

This benefit will pay the appropriate portion of the Principal Sum if you sustain a loss of the type listed 90 days after suffering a bodily injury due to a covered Accident. Such injury must occur while you are: 1) practicing for; 2) engaging in; or 3) traveling to or from an official activity of the policyholder as a participant of an officially recognized organization or department.

This provision does not cover the Loss if it in any way results from or is caused or contributed:

1. By physical or mental illness;medical or surgical treatment except that results directly from a surgical operation made necessary solely by an injury covered by this Plan;
2. By an infection, unless it is caused solely and independently by a covered Accident;
3. Participation in a felony. Participation means to take part or to have share in something.
4. For loss caused by your voluntary use of a controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless prescribed by a doctor.

To file a claim for Accidental Death and Dismemberment, please contact Chickering Claims Administrators, Inc. at **(877) 375-4244** for the appropriate claim forms.

Worldwide Emergency Travel Assistance Services

These services are designed to protect Connecticut State University students when traveling more than 100 miles from home anywhere in the world. Medical Repatriation and Return of Mortal Remains services are also available at the participant's campus location.

If you experience a medical emergency while traveling more than 100 miles from home or campus, you have access to a comprehensive group of emergency assistance services provided by Assist America, Inc.

Eligible participants have immediate access to doctors, hospitals, pharmacies, and other services when faced with an emergency while traveling. The Assist America Operations Center can be reached 24 hours a day, 365 days a year to provide services including: medical consultation and evaluation; medical referrals; foreign hospital admission guarantee; prescription assistance; lost luggage assistance; legal and interpreter assistance; and travel information such as Visa and passport requirements, travel advisories, etc.

Medical Evacuation and Return of Mortal Remains Services

In the event that a participant becomes Injured and adequate medical facilities are not available locally, Assist America will use whatever mode of transport, equipment and personnel necessary to evacuate you to the nearest facility capable of providing required care. In the event of death of a participant, Assist America will render every possible assistance in return of mortal remains including locating a sending funeral home, preparing the deceased for transport, procuring required documentation, providing necessary shipping container, as well as paying for transport. **Please note:** Any third party expenses incurred are the responsibility of the participant.

An Assist America ID card will be supplied to you once you enroll in The Chickering Student Health Insurance Plan. Please remember to carry your Assist America card and call toll-free within the U.S. at **(800) 872-1414** or outside the U.S. call collect **(dial U.S. access code) plus 301-656-4152** in the event of an emergency when you are traveling. With one phone call, you will be connected to a global network of over 600,000 pre-qualified medical providers. Assist America Operations Centers have worldwide assistance capabilities and are known throughout the world as a premier Emergency Assistance Services provider.

NOTE: Assist America pays for all Assistance Services it provides. All Assistance Services must be arranged and provided by Assist America. Assist America does not reimburse for services not provided by Assist America.

The Assist America program meets and exceeds the requirements of USIA for International Students & Scholars.

Emergency Travel Assistance Services are administered by Assist America, Inc.

Important

Please keep this Brochure, as it provides a general summary of your coverage. A complete description of the benefits, and full terms and conditions, may be found in the Master Policy. If any discrepancy exists between this Brochure and the Policy, the Master Policy will govern and control the payment of benefits.

This student Plan fulfills the definition of creditable coverage explained in the Health Insurance Portability and Accountability Act (HIPAA) of 1996. At any time should you wish to receive a certification of coverage, please call the Customer Service number on your ID card.

Offered by:

The Chickering Group℠
An Aetna Company

Chickering Benefit Planning
Insurance Agency, Inc.

Administered by:
Chickering Claims Administrators, Inc.
P.O. Box 15708
Boston, MA 02215-0014
(877) 375-4244
www.chickering.com

Underwritten by:

Aetna

Aetna Life Insurance Company (ALIC)

The Chickering Group is an internal business unit of Aetna Life Insurance Company.

NOTICE

Aetna considers nonpublic personal Covered Person information confidential and has policies and procedures in place to protect the information against unlawful use and disclosure. When necessary for your care or treatment, the operation of your health Plan, or other related activities, we use personal information internally, share it with our affiliates, and disclose it to health care providers (doctors, dentists, Pharmacies, hospitals and other caregivers), vendors, consultants, government authorities, and their respective agents. These parties are required to keep personal information confidential as provided by applicable law. Participating Network/Preferred Providers are also required to give you access to your medical records within a reasonable amount of time after you make a request. By enrolling in the Plan, you permit us to use and disclose this information as described above on behalf of yourself and your dependents. To obtain a copy of our Notice of Privacy Practices describing in greater detail our practices concerning use and disclosure of personal information, please call the toll-free Customer Services number on your ID card or visit Chickering's Student Connection Link on the internet at ***www.chickering.com***.

CSUS-0315
Addendum #2
December 27, 2007

Brochure 7
Domestic Student 2006-2007

2006 - 2007

Student Accident and Sickness Insurance Plan
Domestic Student Plan Brochure

Central Connecticut State University
Eastern Connecticut State University
Southern Connecticut State University
Western Connecticut State University

Herein called

Connecticut State University

Offered by:
Chickering Benefit Planning Insurance Agency, Inc.
Administered by:
Chickering Claims Administrators, Inc.
Underwritten by:
Aetna Life Insurance Company (ALIC)

Table of Contents

The Connecticut State University Student Accident and Sickness Insurance Plan

The Connecticut State University Student Accident and Sickness Insurance Plan has been developed especially for Connecticut State University students. The Plan provides coverage for illnesses and Injuries that occur on and off campus and includes special cost-saving features to keep the coverage as affordable as possible. Connecticut State University is pleased to offer this Plan as described in this Brochure.

Where To Find Help

Got Questions? Get Answers with Chickering's Aetna Navigator™

As a Chickering Student Accident and Sickness Insurance Plan member, you have access to Aetna Navigator™, your secure member website, packed with personalized benefits and health information. You can take full advantage of our interactive website to complete a variety of self-service transactions online.

By logging into Chickering's Aetna Navigator, you can:

- Review who is covered under your plan.
- Request member ID cards.
- View Claim Explanation of Benefits (EOB) statements.
- Estimate the cost of common health care services and procedures to better plan your expenses.
- Research the price of a drug and learn if there are alternatives.
- Find health care professionals and facilities that participate in your plan.
- Send an e-mail to Chickering Customer Service at your convenience.
- View the latest health information and news, and more!

How do I register?

- Go to ***www.chickering.com***
- Click on "Find Your School"
- Enter your school name and then click on "Search"
- Click on Aetna Navigator and then the "Access Navigator" link
- Follow the instructions for First Time User by clicking on the "Register Now" link
- Select a user name, password and security phrase

Your registration is now complete, and you can begin accessing your personalized information!

Need help with registration?

Registration assistance is available toll free, Monday through Friday, from 7 a.m. to 9 p.m. Eastern Time at **(800) 225-3375**.

For Questions About:

- Enrollment
- Insurance Benefits
- Claims Processing
- Inpatient Admission Pre-Certification

Please contact:
Chickering Claims Administrators, Inc.
P.O. Box 15708
Boston, MA 02215-0014
(877) 375-4244

For Questions About ID Cards:

ID cards will be issued as soon as possible. If you need medical attention before the ID card is received, benefits will be payable in accordance with the Policy. **You do not need an ID card to be eligible to receive benefits.**

Note: Please be advised you will receive a unique Aetna member ID number on your membership card.

For lost ID cards, please contact:
Chickering Claims Administrators, Inc.
(877) 375-4244
or visit ***www.chickering.com***, click on "Find Your School" and search by school name. Click on the Help Center button on the left of your screen or the Navigator button to print a temporary ID card or request a new card.

For Questions About:

- Status of Pharmacy Claim
- Pharmacy Claim Forms
- Excluded Drugs and Pre-Authorization

Please contact:
Aetna Pharmacy Management
(800) 238-6279 (Available 24 hours)

For Provider Listings (Including a list of Preferred Care Pharmacies):

For a complete list of Providers you can use Aetna's DocFind® Service at: ***www.chickering.com***, click on "Find Your School" and search by school name. Click on the DocFind button on the left side of your screen to search for Preferred Pharmacies.

Worldwide Web Access:

- The Chickering Group: ***www.chickering.com***

Connecticut State University Student Accident and Sickness Insurance Plan

This is a brief description of the Full-Time Accident Insurance Plan and the Full-Time Sickness Insurance Plan benefits available for domestic Connecticut State University students. The Plan is underwritten by Aetna Life Insurance Company (Aetna). The exact provisions governing this insurance are contained in the Master Policy. Call Chickering Claims Administrators, Inc. at **(877) 375-4244** for additional information. The Plan is administered by Chickering Claims Administrators, Inc., P.O. Box 15708, Boston, MA 02215-0014.

Policy Period

Students

Coverage under the Connecticut State University Student Accident and Sickness Insurance Plan is effective:

Annual Period: 12:01 a.m. on **August 1, 2006** through 12:01 a.m. on **August 1, 2007**.

Fall Semester: 12:01 a.m. on **August 1, 2006** through 12:01 a.m. on **January 16, 2007**.

Spring Semester: 12:01 a.m. on **January 16, 2007** through 12:01 a.m. on **August 1, 2007**.

Domestic Student Premium Rates

Matriculated Full-Time	Annual	Fall	Spring
Full-Time Student Sickness Insurance Plan	$625.00	$312.00	$313.00
Spouse Accident & Sickness Insurance Plan	$1,061.00	$530.00	$531.00
Children Accident & Sickness Insurance Plan	$629.00	$314.00	$315.00

Premium Refund Policy

Except for medical withdrawal due to a covered Accident or Sickness, any student withdrawing from school during the first 31 days of the period for which coverage is purchased shall not be covered under the Policy and a full refund of the premium will be made.

Please Note: The eligibility requirements defined in this Brochure must be met and maintained throughout the Policy Year. Refunds will not be granted after the first 31 calendar days of the semester unless it is determined that you do not meet the eligibility criteria defined by the University in conjunction with The Chickering Group. The Chickering Group in conjunction with Connecticut State University maintains the right to investigate student status and attendance records to verify that Policy eligibility requirements have been met. If we discover that Policy eligibility requirements have not been met, our only obligation is a refund of premium. Eligibility requirements must be met each time a premium is paid to continue coverage under the Plan.

Audited or television (TV) courses do not fulfill the eligibility requirements that states the covered student actively attends classes. If the eligibility requirements are not met, Aetna's only obligation is to refund the premium.

A Covered Person entering the armed forces of any country will not be covered under the Policy as of the date of such entry. A pro-rata refund of premium will be made for such person, and any covered dependents upon written request received by Chickering Claims Administrators, Inc. within 90 days of withdrawal from school.

Student Eligibility Requirements

Full-Time Domestic Students – Accident Insurance Plan

All full-time registered domestic students enrolled at Connecticut State University are automatically enrolled in the Full time Accident Insurance Plan as part of the University General Fee. You are covered 24 hours a day on and off campus.

Full-Time Domestic – Sickness Insurance Plan

All full-time domestic students are required to participate in this Plan, unless you can provide proof of comparable coverage by submitting a Waiver by the published deadline dates. Any Waivers received after the published deadline will not be accepted. Failure to complete the online Waiver process, within the University's specified Waiver period, will result in an annual premium of $625 (for the Sickness Plan) added to your tuition bill.

If you do not have online access, please contact or go to the bursar's office for assistance.

Part-Time Domestic Students – Accident and Sickness Insurance Plan

All matriculated part-time students are eligible to enroll in the Accident and Sickness Insurance Plan on a voluntary basis. Matriculated means that the student has been accepted to an accredited degree-seeking program. We maintain the right to investigate student status and attendance records to verify that Policy eligibility requirements have been met. If we discover that Policy eligibility requirements have not been met, our only obligation is a refund of premium. Eligibility requirements must be met each time a premium is paid to continue coverage.

Dependent Coverage

If you are enrolled in the Student Accident and Sickness Insurance Plan you may also enroll your dependent children(up to age 19) or spouse who reside with you.

Newborn Infant Coverage and Adopted Child Coverage

A child born to a Covered Person shall be covered for Accident, Sickness and congenital defects for 31 days from the date of birth. At the end of this 31-day period, coverage will cease under the Connecticut State University Student Accident and Sickness Insurance Plan. To continue coverage you must complete and return the Dependent Enrollment Form to the Chickering Group.

Enrollment Waiver Deadline Dates

If you are eligible for coverage due to loss of other comparable coverage, and wish to join the Plan after these Enrollment/Waiver deadlines, you must present documentation from your former insurance company that is no longer providing you with health insurance. Your effective date under this Plan will be the date the former insurance expired, if you make the request for coverage within 31 days after it expires. Please contact The Chickering Group who will inform you of your premium payment.

Pre-Existing Condition/Continuously Insured Provisions (Part-Time Students Only)

Pre-Existing Conditions

The definition of a Pre-Existing Condition is any Injury, Sickness, or condition that was diagnosed or treated, or would have caused a person to seek diagnosis or treatment within six months prior to the Covered Person's effective date of insurance under this Plan. The limitation will not apply if:

1. The covered person has been on the Connecticut State University Policy for more than 12 months; or
2. The individual seeking coverage under this Policy was previously covered under prior Creditable Coverage which was continuous to a date not less than 120 days prior to the effective date of coverage under this Policy. **Note:** (150 days prior to the effective date of coverage under this Policy if prior Creditable Coverage terminated due to an involuntary loss of employment).

Limitations

Expenses incurred by a Covered Person as a result of a Pre-Existing Condition will not be considered Covered Medical Expenses unless no charges are incurred or treatment rendered for the condition for a period of six months while covered under the Policy, or the Covered Person has been covered under the Policy for 12 consecutive months, whichever is less.

Routine follow-up care to determine whether a breast cancer has reoccurred in a Covered Person who has been previously determined to be breast cancer free shall not be considered as medical advice, diagnosis, care or treatment unless evidence of breast cancer is found during or as a result of such follow-up. Genetic information shall not be treated as a condition related to such information. Pregnancy shall not be considered a Pre-Existing Condition.

Please Note: The Pre-Existing limitation only applies to part-time students.

Special Rules as to a Pre-Existing Condition

If a Covered Person has creditable coverage and such coverage ceased within 120 days prior to the date they enrolled in the Policy, then any limitation as to a Pre-Existing Condition under the Policy will apply for that Covered Person only to the extent that such limitation would have applied under the prior creditable coverage.

"Creditable coverage" is a person's prior medical coverage as defined in the Health Insurance Portability and Accountability Act (HIPPA). Such coverage includes coverage issued on a group or individual basis; Medicare; Medicaid; military-sponsored health care; a program of the Indian Health Service; a state health benefits risk pool; the Federal Employee's Health Benefit Plan (FEHBP); a public health plan as defined in the regulations; and any health benefit plan under Section 5(e) of the Peace Corps Act.

Continuously Insured

Persons who have remained continuously insured under the Policy and other prior health insurance policies will be covered for any Pre-Existing Condition that manifests itself while continuously insured, except for expenses payable under prior policies in the absence of the Policy. Previously Covered Persons must re-enroll for coverage by the indicated enrollment deadlines in order to avoid a break in coverage for conditions that existed in the prior Policy Year. Once a break in continuous coverage occurs, the definition of Pre-Existing Conditions will apply.

Connecticut State University Health and Counseling Services

As a full-time student, you are entitled to receive care at the University Health and Counseling Services. This Student Accident and Sickness Insurance Plan provides benefits to help cover costs for care that cannot be provided or treated by the University Health and Counseling Services.

It is strongly suggested that the student seek care at their University Health and Counseling Services rather than obtaining health services from outside sources whenever possible.

University Health and Counseling Services are not available to the Student's Spouse or Dependent Children.

Preferred Provider Organization (PPO) Network

The Chickering Group has arranged for you to access a national PPO Network. Acute care facilities and mental health networks are also available nationally if you require treatment or hospitalization outside the immediate area of the Connecticut State University campuses. The Connecticut State University Student Accident and Sickness Insurance Plan for the 2006-2007 Policy Year has a PPO Network through Aetna. It is to your advantage to use a Preferred Provider because significant savings can be achieved from the substantially lower rates these providers have agreed to accept as payment for their services. Preferred Providers are independent contractors and are neither employees nor agents of Connecticut State University, Chickering Claims Administrators, Inc., or Aetna. You may obtain a complete listing of Preferred Providers by contacting Chickering Claims Administrators, Inc. at **(877) 375-4244** or by accessing Aetna's DocFind® Service at: ***www.chickering.com***, click on "Find Your School" and search by school name.

Inpatient Admission Pre-Certification Program

Pre-Admission Certification is required for all inpatient admissions, including length of stay and must be certified by contacting Chickering Claims Administrators, Inc.

Pre-Certification does not guarantee the payment of benefits for your inpatient admission. Each claim is subject to medical Policy review, in accordance with the exclusions and limitations contained in the Policy, as well as a review of eligibility, adherence to notification guidelines, and benefit coverage under the Student Accident and Sickness Insurance Plan.

Pre-Certification of Non-Emergency Inpatient Admissions
The patient, Physician, or hospital must telephone at least three business days prior to the planned admission.

Notification of Emergency Admissions
The patient, patient's representative, Physician, or hospital must telephone within one business day following admission.

The above Pre-Certification provision will not operate to deny benefits for Medically Necessary inpatient hospital confinements. This includes such confinements for mental and nervous disorders, biologically based mental illnesses, and substance abuse for which coverage is required by the State of Connecticut.

Chickering Claims Administrators, Inc.
Attention: Managed Care Dept.
P.O. Box 15708
Boston, MA 02215-0014
(877) 375-4244

Description of Benefits

In order to maximize your savings and to reduce out-of-pocket expenses, select a Preferred Provider from the list of Physicians on the Insurance Plan to serve as your primary care Physician. It is to your advantage to use a Preferred Provider because significant savings can be achieved from the substantially lower rates these Providers have agreed to accept as payment for their services. Non-Preferred Care is subject to the Reasonable Charge allowance maximums. It is strongly suggested that you use the campus health service for your medical or mental health services whenever possible, since they are cost effective and convenient.

You may obtain a complete listing of Preferred Providers by contacting Chickering Claims Administrators, Inc. at **(877) 375-4244** or by accessing Aetna's DocFind® Service at: ***www.chickering.com***, click on "Find Your School," enter school name and click on the DocFind button on the left of your screen.

This Plan always pays benefits in accordance with any applicable Connecticut Insurance Law(s).

Summary of Benefits Chart

The following chart shows a summary of the benefits coverage for domestic students. The following benefits are subject to the imposition of Policy limits and exclusions.

Mandatory Accident Benefits	
Aggregate Plan Maximum	**$25,000** per Accident per Policy Year.
Accident Expenses Benefit	When an Injury occurs and requires: (a) treatment by a doctor/surgeon; (b) hospital confinement; (c) services of a licensed nurse practitioner or RN; (d) X-ray services; (e) use of operating room, anesthesia, laboratory services; (f) prescribed medicines, plaster casts, surgical dressings; or (g) use of an ambulance; covered expenses are payable as follows when the expense is incurred within 104 weeks from the date of the Accident: ***Preferred Care:*** 100% of the Negotiated Charge. ***Non-Preferred Care:*** 100% of the Reasonable Charge.
Emergency Treatment for Accidental Ingestions of Controlled Drugs	Covered Medical Expenses are payable as follows: ***Outpatient:*** As any other Accident up to a maximum of **$500** per Policy Year. ***Inpatient:*** Covered Medical Expenses for the emergency treatment of Accidental Ingestion of Controlled Drugs while confined as an inpatient in a hospital or facility licensed for such treatment are payable on the same basis as for any other Accident. Treatment is limited to a maximum of 30 days per Policy Year.
Accidental Dental Expenses	Covered Medical Expenses are payable up to a maximum of **$2,500** per Injury for the treatment of an Injury to sound, natural teeth.
Official Travel Accident Expenses	Covered Medical Expenses are payable up to a maximum of **$1,000** per Injury for the treatment of an Injury resulting while traveling to or from an official school activity.

Benefits under the Accident Insurance Plan are paid on an excess basis. This means no expense is covered if it would be covered by another health care plan in the absence of this insurance. The Accident Plan supplements, not replaces, other health care coverage.

Sickness Expense Benefits	
Aggregate Plan Maximum	**$25,000** per Sickness per Policy Year.
Preferred Care	100% of the Negotiated Charge when the expense is incurred within 52 weeks of the onset of the Sickness unless stated otherwise.
Non-Preferred Care	100% of the Reasonable Charge when the expense is incurred within 52 weeks of the onset of the Sickness unless stated otherwise.
Inpatient Hospitalization Benefits	
Hospital Room and Board Expenses	Covered Medical Expenses are payable up to a maximum of **$500** per day for a semi-private room rate for an overnight stay.
Intensive Care Unit Expenses	Covered Medical Expenses are payable up to a maximum of **$1,000** per day for an overnight stay.
Miscellaneous Hospital Expenses	Covered Medical Expenses are payable up to a maximum of **$700** per hospital confinement. Once charges exceed **$700** benefits are payable as follows: ***Preferred Care:*** 80% of the Negotiated Charge. ***Non-Preferred Care:*** 80% of the Reasonable Charge. Covered Medical Expenses include, but are not limited to: laboratory tests, X-rays, anesthesia, use of special equipment, medicines and use of operating room.
Physician Hospital Visit Expenses	Covered Medical Expenses for charges for the non-surgical services of the attending Physician or a consulting Physician are payable up to **$75** for the first visit and **$60** for each visit thereafter up to a maximum of **$1,300** per Sickness.
Licensed Nurse Expenses	Covered Medical Expenses for services for full-time nursing care by a registered nurse (RN) while confined to a hospital and when recommended by a doctor, up to **$60** per eight hour shift, up to a maximum of **$1,800** per Sickness.
Surgical Benefits (Inpatient and Outpatient)	
All Covered Medical Expenses in this section are subject to a **$3,000** per Sickness benefit maximum.	
Surgical Expenses	Covered Medical Expenses for charges for surgical services performed by a Physician.
Anesthetist Expenses and Assistant Surgeon Expenses	Covered Medical Expenses for the charges of an anesthetist and an assistant surgeon during a surgical procedure for surgical services performed during a surgical operation are payable as follows: ***Preferred Care:*** 80% of the Surgical Allowance. ***Non-Preferred Care:*** 80% of the Surgical Allowance.

Outpatient Benefits	
All Covered Medical Expenses for Outpatient services are payable up to a maximum of **$1,500** for each covered Sickness unless otherwise stated. Covered Medical Expenses include, but are not limited to: Physician's office visits, hospital or outpatient department or emergency room visits, durable medical equipment, physical therapy, clinical lab, radiological facility or other similar facility licensed by the state.	
Physician's Office Expenses	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge after a **$10** Copay per visit. ***Non-Preferred Care:*** 100% of the Reasonable Charge after a **$10** Deductible per Sickness.
Emergency Care Expenses	Covered Medical Expenses for treatment of an Emergency Medical Condition are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge after a **$10** Copay per visit. ***Non-Preferred Care:*** 100% of the Reasonable Charge after a **$10** Deductible per Sickness.
Lab and X-ray Expenses *(Non-Hospital)*	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge after a **$10** Copay per visit. ***Non-Preferred Care:*** 100% of the Reasonable Charge after a **$10** Deductible per Sickness.
Mental Health and Substance Abuse Benefits	
Inpatient Expenses – Mental or Emotional Illness or Disorder	Covered Medical Expenses for the treatment of a mental health condition while confined as an inpatient in a hospital or facility licensed for such treatment are payable on the same basis as for any other Sickness. Covered Medical Expenses also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis by contacting Chickering Claims Administrators Inc. When approved, benefits will be payable in place of an inpatient admission, whereby two days of partial hospitalization may be exchanged for one day of full hospitalization.
Outpatient Expenses – Mental or Emotional Illness or Disorder	Covered Medical Expenses for the care or treatment of a mental health condition by a licensed or accredited health service organization or hospital or by a licensed practitioner are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge after a **$10** Copay per visit. ***Non-Preferred Care:*** 100% of the Reasonable Charge after a **$10** Deductible per Sickness. Benefits are payable up to a maximum of **$2,000** per Sickness per Policy Year.

Mental Health and Substance Abuse Benefits (continued)	
Inpatient Expenses – Alcohol and Substance Abuse	Covered Medical Expenses for the treatment of alcohol/substance abuse while confined as an inpatient in a hospital or facility licensed for such treatment are payable on the same basis as for any other Sickness. Covered Medical Expenses also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis by contacting Chickering Claims Administrators Inc. When approved, benefits will be payable in place of an inpatient admission, whereby two days of partial hospitalization may be exchanged for one day of full hospitalization.
Outpatient Expenses – Alcohol and Substance Abuse	Covered Medical Expenses for the care or treatment of alcohol/substance abuse by a licensed or accredited health service organization or hospital or by a fully licensed practitioner are payable on the same basis as for any other Sickness.
Other Benefits	
Ambulance Expenses	Covered Medical Expenses are payable at 100% of the Reasonable Charge to a maximum set by the Department of Public Health in accordance with Connecticut General Statutes section 19a-177 when required due to the emergency nature of a covered Sickness.
Dental Expenses	Covered Medical Expenses are payable on the same basis as any other surgical expense for the removal of impacted wisdom teeth up to a maximum of **$3,000** per Sickness.
High Cost Procedure Expenses *(Diagnostic Allowance includes MRI, CAT Scan, Echocardiogram, etc.)*	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 80% of the Negotiated Charge. ***Non-Preferred Care:*** 80% of the Reasonable Charge. Covered Medical Expenses are subject to a **$1,500** benefit maximum per covered illness.
Prescription Drug Expenses	Covered Medical Expenses for outpatient Prescription Drugs associated with a covered Sickness or covered Accident occurring during the Policy Year, are payable as follows: ***Preferred Care:*** 100% of Negotiated Rate. ***Non-Preferred Care:*** 100% of Reasonable Charge for each Prescription Drug dispensed at a Non-Participating Pharmacy. **Please note:** You are required to pay in full at the time of service for all Prescriptions dispensed at a Non-Participating Pharmacy. Covered Medical Expenses are payable up to a maximum of **$2,000** per Policy Year.

Other Benefits (continued)	
Prescription Drug Expenses *(continued)*	Medications not covered by this benefit include, but are not limited to: allergy sera, drugs whose sole purpose is to promote or to stimulate hair growth, appetite suppressants, smoking deterrents, immunization agents and vaccines, and non-self injectables. Coverage for the following state mandated benefits will be covered on the same basis as any other benefit covered by this Plan unless otherwise indicated.
Women's Health Benefit Expenses *(No Referral Required)*	Covered Medical Expenses include expenses for an annual Pap smear on the same basis as any outpatient expenses for women age 18 and older. If follow-up diagnostic Pap smears are Medically Necessary, they will be covered on the same basis as any other outpatient expense.

Mammogram Expenses *(No Referral Required)*	Covered Medical Expenses are payable on the same basis as any other expense. Coverage is provided for:
	• one or more mammograms a year, as recommended by a doctor, for any woman who is at risk for breast cancer. For purposes of this benefit, "at risk" means:
	  • the woman has a personal history of breast cancer;
	  • the woman has a personal history of biopsy-proven benign breast disease; or
	  • the woman's mother, sister, or daughter has or has had breast cancer;
	• a baseline mammogram for a woman aged 35 to 40 years; and,
	• an annual mammogram for a woman aged 40 or older, or more frequently if recommended by the woman's Physician;
	• comprehensive ultrasound screening of an entire breast or breasts if such screening is recommended by a Physician for a woman classified as a category 2, 3, 4 or 5 under the Breast Imaging Reporting and Data System established by the American College of Radiology.

Early Intervention Expenses	Medically Necessary early intervention services for a Dependent child from birth until the child's third birthday, up to a maximum benefit of **$3,200** per year and an aggregate benefit of **$9,600** over the total three-year period. No payment made under this benefit shall be applied against the Aggregate Maximum amount.

Other Benefits (continued)	
Maternity Expenses *(No Referral Required)*	Covered Medical Expenses for pregnancy, childbirth, and complications of pregnancy are payable on the same basis as any other Sickness. In the event of an inpatient confinement, such benefits would be payable for inpatient care of the Covered Person, and any newborn child, for a minimum of 48 hours after a vaginal delivery and for a minimum of 96 hours after a cesarean delivery. Any decision to shorten such minimum coverages shall be made by the attending Physician in consultation with the mother and done in accordance with the rules and regulations promulgated by the Department of Public Health. In such cases, Covered Medical Expenses may include home visits, parent education, and assistance and training in breast or bottle feeding.
Tumor and Leukemia Expenses	Surgical removal of tumors and treatment of leukemia, including outpatient chemotherapy, reconstructive surgery, cost of any non-dental prosthesis including maxillo-facial prosthesis used to replace anatomic structures lost during treatment for head and neck tumors or additional appliances essential for the support of such prosthesis, and outpatient chemotherapy following surgical procedure in connection with the treatment of tumors. Such benefits shall be subject to the same terms and conditions applicable to all other benefits under this Plan. We will pay a Policy Year benefit of (1) **$1,000** for the removal of any breast implant; (2) **$700** for the surgical removal of tumors; (3) **$700** for reconstructive surgery; (4) **$700** for outpatient chemotherapy; and (5) **$700** for prosthesis, except that for the purposes of the surgical removal of breast due to tumors, the Policy Year benefit for prosthesis shall be at least **$350** for each breast.
Home Health Care Expenses	Expenses for covered home health aide service in lieu of hospitalization, except if diagnosed by a doctor as terminally ill with a prognosis of six months or less to live. Covered Medical Expenses are payable as described below if expenses are incurred within the first 12 months from the date of the first home health care visit. A **$50** annual Deductible applies. ***Preferred Care:*** 75% of the Negotiated Charge. ***Non-Preferred Care:*** 75% of the Reasonable Charge. Covered Medical Expenses are payable up to a maximum of 80 visits per Policy Year. Four hours of home health aide services shall be considered one home health care visit. Covered Medical Expenses include, but are not limited to: 1) Part-time nursing care by or supervised by a registered nurse (RN); 2) Part-time home health aide service which consists mainly of caring for the patient;

Other Benefits (continued)	
Home Health Care Expenses *(continued)*	3) Physical, occupational, or speech therapy; or, 4) Medical supplies, drugs, medicines, and lab tests prescribed by a Physician. 5) Each four hours of home health aide will count as one visit. In the case of a terminally ill Covered Person, no more than $200.00 for medical social services for any 12-month period will be paid for covered services.
Diabetic Treatment and Supplies Expenses *(Please Note: Insulin, syringes, and diabetic testing supplies are covered under the Prescription Drug portion of the Plan)*	Covered Medical Expenses incurred for diabetic treatment, other than those provided under the Prescription Drug portion of the Plan, are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge. ***Non-Preferred Care:*** 100% of the Reasonable Charge.
Craniofacial Disorders Expenses	Covered Medical Expenses include charges incurred for orthopedic processes and appliances for treatment of craniofacial disorders for Covered Persons age 18 or younger. Covered Medical Expenses are payable on the same basis as any other expense.
Lyme Disease Treatment Expenses	Covered Medical Expenses include not less than 30 days of intravenous antibiotic therapy, 60 days of oral antibiotic therapy, or both, and further treatment if recommended by a rheumatologist, infectious disease specialist or neurologist.
Hearing Aids for Children Expenses	Covered Medical Expenses include hearing Aids for children 12 years of age and younger up to **$1,000** in a 24 month period.
Prostate Cancer Screening Expenses	Covered Medical Expenses include, but are not limited to, prostate specific antigen (PSA) tests, to screen for prostate cancer for men who are symptomatic, whose biological father or brother have been diagnosed with prostate cancer, and for all men aged 50 and older. Covered Medical Expenses are payable on the same basis as any other expense.
Colorectal Cancer Screening Expenses	Covered Medical Expenses include charges incurred by a Covered Person who is non-symptomatic and age 50 or more or who is symptomatic and under age 50 for colorectal cancer examination and for the following tests: • One fecal occult blood test every 12 consecutive months; • A sigmoidoscopy at age 50 and every three years thereafter; • One digital rectal exam every 12 consecutive months; • A double contrast barium enema every five years; and, • A colonoscopy every 10 years. Covered Medical Expenses are payable on the same basis as any expense.

Other Benefits (continued)	
Prescription Contraceptive Medical Expenses	Covered Medical Expenses are payable on the same basis as any expense. Covered Medical Expenses also include any expenses incurred for office visits in conjunction with the administration of a covered Prescription contraceptive. Coverage of oral contraceptives, Lunelle, Depo-Provera, Patch and Ring are provided under the separate Prescription Drug Benefit portion of the Plan.
Cancer Routine Care Expenses	Covered Medical Expenses include routine patient care costs associated with cancer clinical trials.
Preventative Pediatric Care Expenses	Benefits will be provided for periodic reviews every two months between birth to six months, every three months between nine to 18 months, and then annually from two to six years. Services must be provided by or under the supervision of a single Physician during the course of a visit. Preventative Pediatric Care means the periodic review of a Dependent child's physical and emotional health from birth through six years of age by or under the supervision of a Physician. Periodic reviews shall include a medical history, complete physical examination, developmental assessment, anticipatory guidance, appropriate immunizations and laboratory tests in keeping with prevailing medical standards.
Chiropractic Care Expenses	Covered Medical Expenses will be payable for services rendered by a licensed chiropractor, to the same extent coverage is provided for services rendered by a Physician, if such chiropractic services (1) treat a condition covered under this Plan and (2) are within those services a chiropractor is licensed to perform. Payable as any other Physician benefit.
Hypodermic Needles or Syringes Expenses	Physician prescribed hypodermic needles or syringes for the purpose of administering medications for medical conditions, provided such medications are covered under this Plan.
Inherited Metabolic Disease Expenses	Covered Medical Expenses include therapeutic treatment of Inherited Metabolic Disease, including the purchase of amino acid modified preparations and Low Protein Modified Food Products, when prescribed by and administered under the direction of a Physician payable on the same basis as any other Sickness. Inherited Metabolic Disease means a disease for which newborn screening is required under Connecticut law and is caused by an inherited abnormality of body chemistry. Low Protein Modified Food Product means a product formulated to have less than one gram of protein per serving and intended for the dietary treatment of an inherited metabolic disease under the direction of a Physician.

Other Benefits (continued)	
Mastectomy, Reconstructive Breast Surgery or Lymph Node Dissection Expenses	Covered Medical Expenses for such surgery will be paid under the Surgery Benefits. Coverage will be provided for at least 48 hours of inpatient care following a mastectomy or lymph node surgery. Coverage will be provided for longer periods of inpatient care if it is recommended by the patient's treating Physician after conferring with the patient. We will also provide benefits for the reasonable costs of reconstructive surgery on each breast on which a mastectomy has been performed, and reconstructive surgery on a non-diseased breast to produce a symmetrical appearance. This benefit is subject to the same terms and conditions applicable to all other benefits under this Policy.
Occupational Therapy Expenses	Covered Medical Expenses will be considered at 80% of the Reasonable Charges for expenses incurred for occupational therapy received by a Covered Person as the result of a covered Accident.
Ostomy Appliances and Supplies Expenses	Covered Medical Expenses incurred by a Covered Person which are Medically Necessary expenses for surgical treatments that end in the phrase "ostomy" as defined in Connecticut law. Reimbursement will be made for the Ostomy Appliances and Supplies up to a maximum benefit of **$1,000** per condition. Under Connecticut law, Ostomy Appliances and Supplies include, but are not limited to, collection devices, irrigation equipment and supplies, skin barriers and skin protectors.
Pain Management Benefit Expenses	Covered Medical Expenses include the expenses incurred by a Covered Person for treatment by or under the management of a pain management specialist. This includes expenses incurred for pain treatment ordered by such specialist. Such treatment may include all means necessary to make a diagnosis and develop a treatment plan including the use of necessary medications and procedures.
Anesthesia and In-hospital Dental Services Expenses	Covered Medical Expenses incurred for Medically Necessary in or out patient treatment or one day dental treatment for a Covered Person who is determined by a licensed dentist, in conjunction with a Physician, to have a dental condition of significant dental complexity that it requires certain dental procedures to be performed in a hospital or has a developmental delay disability if a Physician determines Medically Necessary.
Specialized Formula Expenses	When Medically Necessary for children up to age three for the treatment of a disease or condition and administered under the direction of Physician as specified in Public Act 01-101.

Other Benefits (continued)	
Infertility Expenses	Covered Medical Expenses include Medically Necessary expenses of the diagnosis and treatment of infertility, including but not limited to: 1) Ovulation induction; 2) Intrauterine insemination; 3) In-vitro fertilization; 4) Uterine embryo lavage; 5) Embryo transfer; 6) Gamete intra-fallopian transfer; 7) Zygote intra-fallopian transfer; and 8) Low tubal ovum transfer. Coverage may be limited as follows: 1) Starting at age 40; 2) For ovulation induction: a lifetime maximum of four cycles; 3) For intrauterine insemination: a lifetime maximum of three cycles; 4) For in-vitro fertilization, gamete intra-fallopian transfer, zygote intra-fallopian transfer, or low tubal ovum transfer: lifetime maximum of two cycles, with not more than two embryo implantations per cycle provided that each such fertilization/transfer is credited toward such maximum as one cycle; 5) Coverage for in-vitro fertilization, gamete intra-fallopian transfer, zygote intra-fallopian transfer and low tubal ovum transfer may be limited to those unable to conceive or produce conception or sustain a successful pregnancy through less expensive and medically viable infertility treatment or procedures covered under the Policy; 6) Treatment or procedures may be required to be performed at facilities that conform to the standards and guidelines of the American Society for Reproductive Medicine or the Society of Reproductive Endocrinology and Infertility; 7) Coverage may be limited to those who have had coverage for at least 12 months; 8) Insurers may require disclosure by the individual seeking such coverage to the individuals' existing health carrier of any previous infertility treatment or procedures received under a different policy. The disclosure must be made on a form and manner prescribed by the Commissioner.

General Provisions

State Mandated Benefits

The Plan will always pay benefits in accordance with any applicable Connecticut State Insurance Law(s).

Subrogation/Reimbursement Right of Recovery Provision

Immediately upon paying or providing any benefit under this Plan, Aetna shall be subrogated to all rights of recovery a Covered Person has against any party potentially responsible for making any payment to a Covered Person, due to a Covered Person's Injuries or illnesses, to the full extent of benefits provided, or to be provided by Aetna. In addition, if a Covered Person receives any payment from any potentially responsible party, as a result of an Injury or illness, Aetna has the right to recover from, and be reimbursed by, the Covered Person for all amounts this Plan has paid, and will pay as a result of that Injury or illness, up to and including the full amount the Covered Person receives, from all potentially responsible parties. A "Covered Person" includes, for the purposes of this provision, anyone on whose behalf this Plan pays or provides any benefit, including but not limited to the minor child or dependent of any Covered Person, entitled to receive any benefits from this Plan.

As used in this provision, the term "responsible party" means any party possibly responsible for making any payment to a Covered Person or on a Covered Person's behalf due to a Covered Person's Injuries or illness or any insurance coverage responsible making such payment, including but not limited to:

- Uninsured motorist coverage;
- Underinsured motorist coverage;
- Personal umbrella coverage;
- Med-pay coverage;
- Workers compensation coverage;
- No-fault automobile insurance coverage; or
- Any other first party insurance coverage.

The Covered Person shall do nothing to prejudice Aetna's subrogation and reimbursement rights. The Covered Person shall, when requested, fully cooperate with Aetna's efforts to recover its benefits paid. It is the duty of the Covered Person to notify Aetna within 45 days of the date when any notice is given to any party, including an attorney, of the intention to pursue or investigate a claim, to recover damages, due to Injuries sustained by the Covered Person.

The Covered Person acknowledges that this Plan's subrogation and reimbursement rights are a first priority claim against all potential responsible parties, and are to be paid to Aetna before any other claim for the Covered Person's damages. This Plan shall be entitled to full reimbursement first from any potential responsible party payments, even if such payment to the Plan will result in a recovery to the Covered Person, which is insufficient to make the Covered Person whole, or to compensate the Covered Person in part or in whole for the damages sustained. This Plan is not

required to participate in or pay attorney fees to the attorney hired by the Covered Person to pursue the Covered Person's damage claim. In addition, this Plan shall be responsible for the payment of attorney fees for any attorney hired or retained by this Plan. The Covered Person shall be responsible for the payment of all attorney fees for any attorney hired or retained by the Covered Person or for the benefit of the Covered Person.

The terms of this entire subrogation and reimbursement provision shall apply. This Plan is entitled to full recovery regardless of whether any liability for payment is admitted by any potentially responsible party, and regardless of whether the settlement or judgment received by the Covered Person identifies the medical benefits this Plan provided. This Plan is entitled to recover from any and all settlements or judgments, even those designated as "pain and suffering" or "non-economic damages" only.

In the event any claim is made that any part of this subrogation and reimbursement provision is ambiguous or questions arise concerning the meaning or intent of any of its terms, the Covered Person and this Plan agree that Aetna shall have the sole authority and discretion to resolve all disputes regarding the interpretation of this provision.

Additional Services and Discounts

As a participant in the Student Accident and Sickness Insurance Plan, you can also take advantage of the following services, discounts, and programs. These services, discounts, and programs are not underwritten by Aetna.

Vision One® Discount Program	The Vision One Discount Program helps you save on many eye care products, including eyeglasses, contact lenses, non-prescription sunglasses, contact lens solutions and other eye care accessories. Plus, you can receive up to a 25% discount on LASIK surgery (the laser vision correction procedure). Call **(800) 793-8616** for additional program information and provider locations, or simply log on to ***www.chickering.com***, click on "Find Your School" and enter your school name to find a Vision One provider near you.
Informed Health® Line Service	Aetna's Informed Health® Line gives you easy access to credible health information. All Informed Health Line services are available 24 hours a day, 365 days a year on demand from any touch-tone phone or computer within the United States (including Alaska and Hawaii). **1. 24-Hour Nurse Line** Call our toll-free number to access registered nurses* who are experienced in providing information on a variety of health topics. The nurses can help you: • Learn about medical procedures and possible treatment options. • Improve the way you communicate with your health care providers. Find out how to describe health symptoms more effectively, ask the right questions and provide a clear history of your eating, exercise and lifestyle habits.

Additional Discounts and Services (continued)	
Informed Health® Line Service *(continued)*	To reach an Informed Health® Line Nurse, please call **(800) 556-1555**. For TDD (hearing and speech impaired only), please call **(800) 270-2386**. **2. Audio Health Library** The Informed Health® Line audio health library contains information on thousands of health topics such as common conditions and diseases, gender- and age-specific health issues, dental care, mental health and substance abuse, weight loss and much more. To access the audio health library system, call the Informed Health Line toll-free number and simply enter the topic codes you're interested in. And if you have questions, you can transfer easily to an Informed Health Line nurse at any time. To access the Informed Health Line audio health library, please call **(800) 556-1555**. For TDD (hearing and speech impaired only), please call **(800) 270-2386**. **3. Healthwise® Knowledgebase** If you prefer to view health information online, simply log on to your Aetna Navigator account and click on "Take Action On Your Health" which will link you to the Healthwise® Knowledgebase, one of the most advanced health databases available. The Healthwise Knowledgebase contains detailed information about health conditions, medical tests and procedures, medications and treatment options. It also features illustrations and decision-focused tools to help you make more informed health care decisions. **Informed Health Line nurses cannot diagnose, prescribe or give medical advice. Contact your Physician with any questions or concerns regarding your health care needs. Also, the topics discussed by the nurses, on the audio tapes or online may not necessarily be covered by your health Plan.*
Fitness Program	Aetna's Fitness Program, offered in conjunction with GlobalFit™, offers discounted membership rates at over 1,500 independent fitness clubs nationwide, as well as discounts on certain home exercise equipment. There are no long term contracts and GlobalFit offers convenient payment options. Contact Chickering Claims Administrators, Inc. for more information.
Alternative Health Care Programs	Save money on many alternative therapies and products through our Alternative Health Care Programs. Take advantage of discounted rates on chiropractic manipulation, acupuncture and massage therapy, and nutritional counseling. Through participating retailers, you can also save on vitamins, supplements, and natural products such as aromatherapy, yoga tools, and homeopathy. These participating providers and vendors are independent contractors and are neither agents nor employees of Connecticut State University, Chickering, or Aetna.

Optional Dental Benefits	
Vital Savings on Dental by Aetna℠	Vital Savings on Dental by Aetna offers you a great way to get significant discounts on Dental services. The Vital Savings card gives you access to substantial savings on dental care. The cost is **$25** for students for annual membership **September 1, 2006** through **August 31, 2007**. For complete details and to enroll, visit ***www.chickering.com***. Click on "Find Your School" and search by school name.
Aetna Dental PPO Insurance Plan	With the Aetna Dental PPO Insurance Plan, you can choose to visit a participating or non-participating dentist for care. Enroll and search dentists online at ***www.chickering.com***; click on "Find Your School". The cost to enroll in the Aetna Dental PPO Insurance Plan is as follows: **Student**: $354 **Student + Spouse:** $727 **Student + Child(ren):** $834 **Family:** $1,206 Full benefits and Plan highlights for the Dental PPO Insurance Plan are available online under your University's webpage at ***www.chickering.com***.

Definitions

Accident: An occurrence which (a) is unforeseen, (b) is not due to or contributed to by Sickness or disease of any kind, and (c) causes Injury.

Actual Charge: The Actual Charge made for a covered service by the provider that furnishes it.

Aggregate Maximum: The maximum benefit that will be paid under the Policy for all Covered Medical Expenses incurred by a Covered Person that accumulate from one year to the next.

Brand-Name Prescription Drug or Medicine: A Prescription Drug which is protected by trademark registration.

Coinsurance: The percentage of Covered Medical Expenses payable by Aetna under the Accident and Sickness Insurance Plan.

Copay: The amount that must be paid by the Covered Person at the time services are rendered by a Preferred Provider. Copay amounts are the responsibility of the Covered Person.

Covered Medical Expenses: Those charges for any treatment, service, or supplies covered by the Policy which are: (a) not in excess of the Reasonable Charges; or, (b) not in excess of the charges that would have been made in the absence of this coverage; and, (c) incurred while the Policy is in force as to the Covered Person except with respect to any expenses payable under the Extension of Benefits provision.

Covered Person: A covered student and any covered dependent whose coverage is in effect under the Policy. See the Eligibility sections of this Brochure for additional information.

Deductible: A specific amount of Covered Medical Expenses that must be incurred and paid for by the Covered Person before benefits are payable under the Plan. Deductible amounts are the responsibility of the Covered Person.

Elective Treatment: Medical treatment which is not necessitated by a pathological change in the function or structure in any part of the body occurring after the Covered Person's effective date of coverage. Elective Treatment includes, but is not limited to: tubal ligation; vasectomy; breast reduction, except as specifically provided elsewhere in the Policy; sexual reassignment surgery; treatment for weight reduction; temporomandibular joint (TMJ) dysfunction; immunization, except as specifically provided elsewhere in the Policy; vaccines; and routine physical examinations.

Emergency Medical Condition: This means a recent and severe medical condition, including, but not limited to, severe pain, which would lead a prudent layperson possessing an average knowledge of medicine and health, to believe that their condition, Sickness, or Injury is of such a nature that failure to get immediate medical care could result in:

- Placing the person's health in serious jeopardy; or
- Serious impairment to bodily function; or
- Serious dysfunction of a body part or organ; or
- In the case of a pregnant woman, serious jeopardy to the health of the fetus.

It does include an Accident or serious illness such as heart attack, stroke, poisoning, loss of consciousness or respiration, and convulsions. It does not include elective care, routine care, or care for non-emergency illness.

If a Covered Person believes that they may have an emergency condition, they may call the **911** telephone number for police and ambulatory assistance. Aetna will determine if a condition is an emergency condition, based upon whether or not a prudent layperson, acting reasonably, would have believed that emergency medical treatment is needed.

Generic Prescription Drug or Medicine: A Prescription Drug that is not protected by trademark registration, but is produced and sold under the chemical formulation name.

Injury: Bodily Injury caused by an Accident; this includes related conditions and recurrent symptoms of such Injury.

Medically Necessary: A service or supply that is necessary and appropriate, for the diagnosis or treatment of a Sickness or Injury, based on generally accepted current medical practice.

In order for a treatment, service, or supply to be considered Medically Necessary, the service or supply must:

- Be care or treatment which is likely to produce as significant positive outcome as any alternative service or supply, both as to the Sickness or Injury involved and the person's overall health condition. It must be no more likely to produce a negative outcome than any alternative service or supply, both as to the Sickness or Injury involved and the person's overall health condition;
- Be a diagnostic procedure which is indicated by the health status of the person. It must be as likely to result in information that could affect the course of treatment as any alternative service or supply, both as to the Sickness or Injury involved and the person's overall health condition. It must be no more likely to produce a negative outcome than any alternative service or supply, both as to the Sickness or Injury involved and the person's overall health condition; and
- As to diagnosis, care, and treatment, be no more costly (taking into account all health expenses incurred in connection with the treatment, service, or supply) than any alternative service or supply to meet the above tests.

In determining if a service or supply is appropriate under the circumstances, Aetna will take into consideration:

- Information relating to the affected person's health status;
- Reports in peer reviewed medical literature;
- Reports and guidelines published by nationally recognized health care organizations that include supporting scientific data;
- Reports and guidelines published by nationally recognized health care organizations that include supporting scientific data;
- Generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care, or treatment;
- The opinion of health professionals in the generally recognized health specialty involved; and
- Any other relevant information brought to Aetna's attention.

In no event will the following services or supplies be considered to be Medically Necessary:

- Those that do not require the technical skills of a medical, mental health, or dental professional; or
- Those furnished mainly for the personal comfort, or convenience, of the person, any person who cares for him or her, or any person who is part of his or her family, any health care provider, or health care facility; or
- Those furnished solely because the person is an inpatient on any day on which the person's Sickness or Injury could safely and adequately be diagnosed or treated while not confined; or
- Those furnished solely because of the setting if the service or supply could safely and adequately be furnished, in a Physician's or a dentist's office, or other less costly setting.

Negotiated Charge: The maximum charge a Preferred Care Provider has agreed to make as to any service or supply for the purpose of the benefits under the Plan.

Non-Preferred Care: A health care service or supply furnished by a health care provider that is not a Preferred Care Provider, if, as determined by Aetna: (a) the service or supply could have been provided by a Preferred Care Provider; and, (b) the provider is of a type that falls into one or more of the categories of providers listed in the Directory.

Non-Preferred Care Provider (or Non-Preferred Provider): A health care provider that has not contracted to furnish services or supplies at a Negotiated Charge.

Non-Preferred Pharmacy: A Pharmacy not party to a contract with Aetna, or a Pharmacy that is party to such a contract but which does not dispense Prescription Drugs in accordance with its terms.

Pharmacy: An establishment where Prescription Drugs are legally dispensed.

Physician: A legally qualified Physician, licensed by the state in which they practice, and any other practitioner who must, by law, be recognized as a doctor legally qualified to render treatment.

Pre-Existing Condition: Any Injury, Sickness, or condition that was diagnosed or treated, or would have caused a person to seek diagnosis or treatment within three months prior to the Covered Person's effective date of insurance.

If a student has continuous coverage under the Connecticut State University Student Health Insurance Plan from one year to the next, an Accident or Sickness that first manifests itself during a prior year's coverage shall not be considered a Pre-Existing Condition.

Preferred Care: Care provided by a Preferred Care Provider, or any health care provider for an emergency condition when travel to a Preferred Care Provider is not feasible.

Preferred Care Provider (or Preferred Provider): A health care provider that has contracted to furnish services or supplies for a Negotiated Charge, but only if: (a) the provider is, with Aetna's consent, included in the Directory as a Preferred Care Provider for the service or supply involved; and, (b) the class of which the Covered Person is a member.

Preferred Pharmacy: A Pharmacy which is party to a contract with Aetna to dispense drugs to persons covered under the Policy, but only while the contract remains in effect and when the Pharmacy dispenses a Prescription Drug under the terms of its contract with Aetna.

Prescription: order of a prescriber for a Prescription Drug. If it is an oral order, it must be promptly put in writing by the Pharmacy.

Reasonable Charge: Only that part of a charge which is reasonable is covered. The Reasonable Charge for a service or supply is the lowest of:

- The provider's usual charge for furnishing it;
- The charge Aetna determines to be appropriate, based on factors such as the cost of providing the same or a similar service or supply and the manner in which charges for the service or supply are made;
- The charge Aetna determines to be the prevailing charge level made for it in the geographic area where it is furnished.

In some circumstances, Aetna may have an agreement, either directly or indirectly through a third party, with a provider which sets the rate that Aetna will pay for a service or supply. In these instances, in spite of the methodology described above, the Reasonable Charge is the rate established in such agreement.

In determining the Reasonable Charge for a service or supply that is:

- Unusual; or
- Not often provided in the area; or
- Provided by only a small number of providers in the area,

Aetna may take into account factors, such as:

- The complexity;
- The degree of skill needed;
- The type of specialty of the provider;
- The range of services or supplies provided by a facility; and
- The prevailing charge in other areas.

Sickness: A disease or illness including related conditions and recurrent symptoms of the Sickness. Sickness also includes pregnancy and complications of pregnancy.

Exclusions

1. Expenses incurred as a result of dental treatment, except for: (a) Injury to sound, natural teeth; or (b) extraction of impacted wisdom teeth as provided elsewhere in the Policy.

2. Expenses incurred for services normally provided without charge by the Policyholder's health service, infirmary, or hospital, or by health care providers employed by the Policyholder.

3. Expenses incurred for eye refractions, vision therapy, radial keratotomy, eyeglasses, contact lenses (except when required after cataract surgery), or other vision or hearing aids, or Prescriptions or examinations except as required for repair caused by a covered Injury.

4. Expenses incurred as a result of an Accident occurring in consequence of riding as a passenger, or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular, published schedules on a regularly established route.

5. Expenses incurred as a result of an Injury or Sickness for which benefits are payable under any Workers' Compensation or Occupational Disease Law. This exclusion will not apply to the following:

- A Covered Person who is a sole proprietor or business owner who is not covered under Connecticut State Statutes Chapter 568-Workers' Compensation Act (Chapter 568), or, who accepts the provisions of Chapter 568, Section 31-275(10); and
- A Covered Person who is a corporate officer of a Corporation, whether or not they are excluded, or have requested exclusion, from coverage under Chapter 568 as allowed by Connecticut State Statutes, Section 31-275(9)(B)(V).

6. Expenses incurred as a result of Injury sustained or Sickness contracted while in the service of the armed forces of any country. Upon the Covered Person entering the armed forces of any country, the unearned pro-rata premium will be refunded to the Policyholder.

7. Expenses incurred for treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance.

8. Expenses incurred for plastic surgery, cosmetic surgery, reconstructive surgery, or other services and supplies that improve, alter, or enhance appearance, whether or not for psychological or emotional reasons. This exclusion will not apply to the extent needed to:

a) Improve the function of a part of the body that is not a tooth or structure that supports the teeth, and is malformed as a result of a severe birth defect (including harelip and webbed fingers or toes), or as direct result of disease, or from surgery performed to treat a Sickness or Injury.
b) Repair an Injury (including reconstructive surgery for a prosthetic device for a Covered Person who has undergone a mastectomy) which occurs while the Covered Person is covered under the Plan. Surgery must be performed in the Policy Year of the Accident which causes the Injury or in the next Policy Year.

9. Expenses for Injuries sustained as a result of a motor vehicle Accident to the extent that benefits are payable under other valid and collectible insurance, whether or not a claim is made for such benefits.

10. Expenses incurred for a treatment, service, or supply, which is not Medically Necessary, as determined by Aetna, for the diagnosis care or treatment of the Sickness or Injury involved. This applies even if they are prescribed, recommended, or approved, by the person's attending Physician or dentist.

In order for a treatment, service, or supply, to be considered Medically Necessary, the service or supply must:

- Be care, or treatment, which is likely to produce a significant positive outcome as, and no more likely to produce a negative outcome than, any alternative service or supply, both as to the Sickness or Injury involved, and the person's overall health condition;
- Be a diagnostic procedure which is indicated by the health status of the person, and be as likely to result in information that could affect the course of treatment as, and no more likely to produce a negative outcome than, any alternative service or supply, both as to the Sickness or Injury involved, and the person's overall health condition; and
- As to diagnosis, care, and treatment, be no more costly (taking into account all health expenses incurred in connection with the treatment, service, or supply), than any alternative service or supply to meet the above tests.

In determining if a service or supply is appropriate under the circumstances, Aetna will take into consideration:

- Information relating to the affected person's health status;
- Reports in peer reviewed medical literature;
- Reports and guidelines published by nationally recognized health care organizations that include supporting scientific data;
- Generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care, or treatment;
- The opinion of health professionals in the generally recognized health specialty involved; and
- Any other relevant information brought to Aetna's attention.

In no event will the following services or supplies be considered to be Medically Necessary:

- Those that do not require the technical skills of a medical, mental health, or dental professional; or
- Those furnished mainly for the personal comfort or convenience of the person, any person who cares for him or her, or any person who is part of his or her family, any health care provider, or health care facility; or
- Those furnished solely because the person is an inpatient on any day on which the person's Sickness or Injury could safely, and adequately, be diagnosed, or treated, while not confined, or those furnished solely because of the setting, if the service or supply could safely and adequately be furnished in a Physician's or a dentist's office, or other less costly setting.

11. Expenses incurred for any services rendered by a member of the Covered Person's immediate family or a person who lives in the Covered Person's home.

12. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.

13. Expenses incurred for services normally provided without charge by the school and covered by the school fee for services.

14. Expenses incurred as a result of a Covered Person's commission of a felony.

15. Expenses incurred for voluntary or elective abortions, unless otherwise provided in the Policy.

16. Expenses incurred as part of services or supplies that are, as found by Aetna, to be experimental or investigational. A drug, device, procedure, or treatment will be found to be experimental or investigational if:

- There is not enough outcomes data available from controlled clinical trials published in the peer reviewed literature to confirm its safety and effectiveness for the disease, or Injury involved; or
- If required by the FDA, approval has not been granted for marketing; or
- A recognized national medical or dental society, or regulatory agency has found, in writing, that it is experimental, investigational, or for research purposes; or
- The written protocol(s) used by the treating facility, or the protocol(s) of any other facility studying substantially the same drug, device, procedure, or treatment, or the written informed consent used by the treating facility or by another facility studying the same drug, device, procedure, or treatment states that it is experimental, investigational, or for research purposes.

However, this exclusion will not apply with respect to services, or supplies (other than drugs), received due to a disease, if Aetna finds that:

- The disease can be expected to cause death within one year, in the absence of effective treatment; and
- The care or treatment is effective for that disease, or shows promise of being effective for that disease as shown by scientific data. In making this finding, Aetna will take into account the results of a review by a panel of independent medical professionals. They will be selected by Aetna. This panel will include professionals who treat the type of disease involved.

Also, this exclusion will not apply with respect to drugs that:

- Have been granted treatment investigational new drug (IND), or Group Treatment IND status; or
- Are being studied at the Phase III level in a national clinical trial sponsored by the National Cancer Institute; if Aetna finds that available scientific evidence shows that the drug is effective, or shows promise of being effective, for the disease.

17. Expenses for treatment of Injury or Sickness to the extent payment is made, as a judgement or settlement, by any person deemed responsible for the Injury or Sickness (or their insurers) in accordance with Connecticut law or regulation.

18. Expenses incurred for, or related to, sex change surgery or to any treatment of gender identity disorders.

19. Those for routine physical exams, routine vision exams, routine dental exams, routine hearing exams, immunizations, or other preventive services and supplies, except to the extent coverage for such exams, immunizations, services, or supplies is specifically provided in the Policy.

20. Expenses incurred for breast reduction/mammoplasty.

21. Expenses for treatment of covered students who specialize in the mental health care field, and who receive treatment as part of their training in that field.

22. Expenses for: (a) care of flat feet; (b) supportive devices for the foot; (c) care of corns, bunions, or calluses; (d) care of toenails; and (e) care of fallen arches; weak feet; or chronic foot strain; except that (c) and (d) are not excluded when Medically Necessary; because the Covered Person is diabetic; or suffers from circulatory problems.

23. Expenses incurred for elective treatment or elective surgery except as specifically provided elsewhere in the Policy and performed while the Policy is in effect.

Any exclusion listed will not apply to the extent that coverage is required under any law that applies to the coverage.

Extension of Benefits

If a Covered Person is confined to a hospital on the date their insurance terminates, expenses incurred after the termination date and during the continuance of that hospital confinement shall be payable in accordance with the Policy, but only while they are incurred during the 90-day period following such termination of insurance.

For those students who have graduated from the University, or who are no longer eligible to enroll in the Plan because they have lost their eligibility status, the Plan will pay expenses incurred within 104 weeks of the date of a covered Accident, or up to 52 weeks from the onset of a covered Sickness. This benefit allows those students to continue treatment for a condition which was established/manifested while they were insured under the Plan for up to 104/52 weeks from the date of the Accident or Sickness. Those students who continue enrollment and who have not elected to enroll in the Student Sickness Insurance Plan will have a Policy Year benefit.

Termination of Insurance

Benefits are payable under the Policy only for those Covered Medical Expenses incurred while the Policy is in effect as to the Covered Person. No benefits are payable for expenses incurred after the date the insurance terminates, except as may be provided under the Extension of Benefits provision.

Policy Cancellations

The Plan will remain in force indefinitely, but may be ceased by either party.

Connecticut State University may cease the Policy as to any or all coverage of all or any class of students. Aetna must be given written notice. The notice must state when such termination shall occur. It must be a date after the notice. It shall not be effective during a period for which a premium has been paid to Aetna as to the coverage.

Aetna has the right to cease the Policy only under the following conditions:

- Non-payment of premium.
- Fraud or misrepresentation of a material fact under the terms of the coverage.
- Aetna ceases to offer Student Blanket Health Insurance coverage subject to the terms of any Connecticut law or regulation.

As to non-payment of premium, Aetna has the right to cease the Policy as to all or any class of students of Connecticut State University at any time after the end of the grace period if the premium for student coverage has not been paid. Written notice of the termination date must be given by Aetna. This right is subject to the terms of any laws or regulations.

As to the other termination conditions, Aetna may cease the Policy in its entirety or as to any or all coverage of all or any class of students by giving Connecticut State University advance written notice of when it will cease. The date shall not be earlier than 31 days after the date of the notice unless it is agreed to by Connecticut State University and Aetna.

If:

- Policy terminates as to any of the students of Connecticut State University; and
- Premiums have not been paid for the period the Policy was in force for those students, then Connecticut State University shall be liable to Aetna for the unpaid premiums.

Claim Procedure

On occasion, the claims investigation process will require additional information in order to properly adjudicate the claim. This investigation will be handled directly by Chickering Claims Administrators, Inc. (Chickering).

Customer Service Representatives are available 8:30 a.m. to 5:30 p.m., Monday through Friday, ET for any questions.

1. Bills must be submitted within 90 days from the date of treatment.

2. Payment for Covered Medical Expenses will be made directly to the hospital or Physician concerned unless bill receipts and proof of payment are submitted.

3. In the event of a disagreement over the payment of a claim, a written request to review the claim must be mailed to Chickering within one year from the date appearing on the Explanation of Benefits.

4. Make a copy of any documentation submitted to Chickering for your records.

5. You will receive an "Explanation of Benefits" when your Claims are processed. The Explanation of Benefits will explain how your claim was processed according to the benefits of your Student Accident and Sickness Insurance Plan.

How to Appeal a Claim

In the event a Covered Person disagrees with how a claim was processed, they may request a review of the decision. The Covered Person's requests must be made in writing within 60 days of receipt of the Explanation of Benefits (EOB). The Covered Person's request must include why they disagree with the way the claim was processed. The request must also include any additional information that supports the claim (e.g., medical records, Physician's office notes, operative reports, Physician's letter of Medical Necessity, etc.). Please submit all requests to:

Chickering Claims Administrators, Inc.
P.O. Box 15717
Boston, MA 02215-0014

Chickering and Aetna have established a procedure for resolving complaints by Covered Persons. If a Covered Person has a complaint, they must follow this procedure:

- An Appeal is defined as a written request for review of a decision which has been denied in whole or in part, after consideration of any relevant information. This includes a request for claim payment, certification, eligibility or referral, etc. The address is shown above and is also shown on your ID Card.
- An Appeal must be submitted within 60 days of the date Aetna provides notice of denial.
- An acknowledgment letter will be sent to the Covered Person within five days of Aetna's receipt of the Appeal. This letter may request additional information. If so, the additional information must be submitted to Aetna within 15 days of the date of the letter.
- The Covered Person will be sent a response within 30 days of Aetna's receipt of the Appeal. The response will be based on the information provided with or subsequent to the Appeal.
- If the Appeal concerns an eligibility issue, and if additional information is not submitted to Aetna after receipt of Aetna's response, the decision is considered Aetna's final response 60 days after receipt of the Appeal. For all other Appeals, if additional information is to be submitted to Aetna after receipt of Aetna's response, it must be submitted within 15 days.
- Aetna's final response will be sent within 30 days from the date of Aetna's first response letter.
- If additional time is needed to resolve the Appeal, Aetna will provide a written notification indicating that additional time is needed, explaining why such time is needed and setting a new date for a response. The additional time shall not be extended beyond another 30 days.

- In an emergency situation involving admission to or services from an acute care hospital, if the Covered Person's Physician, or the hospital, determines that the Covered Person faces a life-threatening or other serious Injury situation, they may submit a written request for an expedited review. A response shall be given to the provider within three hours of Aetna's receipt of the request and all necessary information. If a response is not provided within this time frame the request is considered approved.
- In all other urgent or emergency situations, the Appeal procedure may be initiated by a telephone call. A verbal response to the telephone call shall be given to the provider within two business days, provided that all necessary information is available. Written notice of the decision will be sent within two business days of Aetna's verbal response. If the Covered Person is dissatisfied with Aetna's response, the Appeal procedure outlined above may be utilized. Aetna's telephone number is on the Covered Person's ID Card.
- Aetna will keep the records of any complaint for three years.

If, after completing the Appeal procedure outlined above, the Covered Person, the Covered Person's Physician, or the hospital are still dissatisfied with Aetna's response, the Covered Person may appeal the decision to the Connecticut Insurance Department. You may also seek additional information on the web page for the applicable State Insurance Department or other agency regarding your rights, including how to obtain regulatory review of member concerns. The applicable internet address for the State Insurance Department for your Plan is: ***www.state.ct.us/cid***. This must be done within 30 days of receipt of Aetna's final response.

Prescription Drug Claim Procedure

When obtaining a covered Prescription, please present your Chickering ID card to an Aetna Preferred Pharmacy. The Pharmacy will submit a claim to Aetna for the drug. If you fill your Prescription at a Non-Preferred Pharmacy, you will need to pay in full at the time of service and fill a claim with Aetna. Claim Forms, Pharmacy locations, and claims status information can be obtained by contacting Aetna Pharmacy Management at **(800) 238-6279**. Additionally, a listing of Pharmacy locations may be obtained by accessing the Internet at: ***www.chickering.com***, click on "Find Your School" and search by school name.

When you need to fill a Prescription and do not have your ID card with you, you may obtain your Prescription from an Aetna Preferred Pharmacy and be reimbursed by submitting a completed Aetna Prescription Drug claim form which can be obtained on Chickering's website at ***www.chickering.com***. You will be reimbursed for covered medications directly by Aetna. Please note you may be required to pay the difference between the retail price you paid for the drug and the amount Aetna would have paid if you had presented your ID card and the Pharmacy had billed Aetna directly. When submitting a claim, please include all Prescription receipts, indicate that you attend Connecticut State University, and include your name, address and student identification number.

General Information

Service Area

Service area means the geographic area, as determined by Aetna, in which Preferred Care Providers for the Plan are located. The service area for our Managed Care Organization is the entire state of Connecticut.

Utilization Review Determinations

During the 2005/2006 Academic Year, there was a total of 78 utilization review determinations not to certify an admission, service, procedure or extension of stay. There were 10 denials.

Provider Network

A complete list of participating Providers, including the names, addresses, and type of specialty, is provided in the Provider Directory. Information is also available by accessing Aetna's DocFind® Service via the Internet at: ***www.chickering.com***, click on "Find Your School" and search by school name. Once at your University's webpage, click on the DocFind tab on the left of your screen.

Provider Reimbursement

Participating Providers are reimbursed on a discounted fee for service basis. Where the Covered Person is responsible for a Coinsurance payment based on a percentage of the bill, the Covered Person's obligation is to be determined on the basis of the charges established by contract, if any, rather than on the basis of the Provider's billed charges.

Non-Participating Providers providing covered services are compensated on a fee for service basis.

Aetna Pharmacy Management negotiates discounts from independent Pharmacies, chain Pharmacies, and mail order vendors who accept our reimbursement rates for dispensing and ingredient costs in return for volume business. Our negotiated discounts are passed in full to our Plan sponsors.

The reimbursement formula is based on Average Wholesale Price (AWP) less a negotiated discount, plus a dispensing fee. The dispensing fee is a contractual fee negotiated between Aetna Pharmacy Management and the Network Pharmacy. The negotiated rate self-renews each year, unless it is changed contractually.

Where the Covered Person is responsible for a Coinsurance payment based on a percentage of the bill, the member's obligation is to be determined on the basis of the charges established by contract, if any, rather than on the basis of the Provider's billed charges.

Pre-Authorization Requirements and Grievance Procedures

All inpatient admissions must be Pre-Certified by contacting Chickering Claims Administrators, Inc. Aetna Life Insurance Company evaluates and determines the appropriateness of medical care resources utilized by their Covered Persons. To accomplish these goals, Aetna Life Insurance Company has developed a comprehensive Patient Management Program. The population demographics of the membership and the program's results are reviewed to determine the need for changes. Regional medical directors in concert with local market medical directors review this information to initiate new program development or to enhance current programs. The Patient Management Program is reviewed annually.

Only Medical Directors make decisions denying coverage for services for reasons of Medical Necessity. All such Patient Management determinations are communicated both by telephone and in writing. Decisions on appeals are made in a timely manner, as required, by the urgency of the situation. Pre-Authorization decisions are made within two business days; emergent decisions are made immediately; concurrent decisions are made within one business day; and retrospective decisions are made within 30 days of the receipt of appropriate information. If subspecialty review is required, the Focused Review process takes approximately 10 business days. Procedures that must be performed within this time frame are excluded from the Pre-Certification requirement.

Coverage denial letters delineate any unmet criteria standards and guidelines, and inform the provider and Covered Person of the appeal process.

The actual components of the Aetna Patient Management Plan include the following and apply for all products:

- Inpatient Service Authorization
- Registration of Inpatient Services
- Inpatient Pre-Certification
- Concurrent Review
- Discharge Planning
- Care Management
- Retrospective Review

Medical Loss Ratio

The anticipated medical loss ratio, or percentage of total premium revenue that will be spent on medical care for student health coverage for the calendar year ending on **December 31, 2006**, is 77.5%.

Plan Ownership and For Profit Status

Aetna is incorporated in Connecticut and is owned by Aetna, Inc. Both Aetna Life Insurance Company and Aetna, Inc. are "for profit" organizations.

Information Phone Number

A toll-free number is available for Covered Person inquiries regarding coverage and benefits, claims grievance procedures, or complaint procedures. The toll-free number for Customer Services is **(877) 375-4244**.

Specialty Referral Procedures
In the PPO product, Covered Persons can access medical services directly without first visiting the Primary Physician.

Member Satisfaction
At this time, Aetna does not conduct an annual Covered Person survey. However, on **March 15, 1999**, the Insurance Commissioner of the State of Connecticut produced an annual consumer report card on the managed care organization. This report card is available from the Connecticut Department of Insurance.

Provider/Member Discussions
In its Provider contracts and as a matter of corporate Policy, Aetna does not prohibit network Providers from discussing with their patients alternative treatment options and the method under which they are compensated. In fact, Aetna affirmatively encourages such discussions.

Confidentiality of Medical Records and Patient Information
Aetna has adopted a comprehensive insurance Privacy Policy based on the recommendations of the Federal Privacy Protection Study Commission. The following describes certain aspects of that Policy which will apply to you as a Covered Person in a Plan of Student Blanket Insurance insured by Aetna. The Policy does not apply where a different approach is required by law.

Information Which May be Collected
Aetna, in providing insurance services to you, relies mainly on the information you give on your Enrollment Form and when you file claims.

Aetna may also collect information about you from other sources. This is information necessary for Aetna to perform its function with regard to the insurance transaction in question.

Disclosure of Information to Others
All of this information will be treated as confidential. It will not be disclosed to others without your authorization, except in some instances where such disclosure is necessary for the conduct of Aetna's business. Disclosure cannot be contrary to any law which applies.

The following sets forth the types of disclosure that may be made:

- Information may be made available to your School in connection with the claim and financial administration of the Plan. This includes Policyholder audits.
- Information may be disclosed to other insurers, if there may be duplicate coverage, or a need to preserve the continuity of your coverage.
- Information may be disclosed to peer review organizations, and other agencies, to determine whether health services were necessary and reasonably priced.

In addition, information may be given to regulators of Aetna's business, and to others, as may be required by law. It may also be given to law enforcement authorities, when needed, to prevent or prosecute fraud or other illegal activities.

Your Right of Access and Correction

In general, you have a right to learn the nature and substance of any information Aetna has in its files about you. You may also have a right of access to such files, except information which relates to a claim or a civil or criminal proceeding, and to ask for correction, amendment, or deletion of personal information. This can be done in states which provide such rights and which grant immunity to insurers providing such access. If you request any health information, Aetna may elect to disclose details of the information you request to your (attending) Physician.

Accidental Death and Dismemberment Benefit

This insurance coverage provides Accidental Death and Dismemberment coverage underwritten by Unum Provident Life Insurance Company of America.

Benefits are payable for the Accidental Death and Dismemberment of the eligible insureds. When, because of Injury, you suffer any of the following losses within 90 days from the date of the Accident, we will pay as follows:

For Loss Of:	**Principle Sum**
Life	$5,000
Two Hands	$25,000
Two Feet	$25,000
Sight of two eyes	$25,000
One hand and one foot	$10,000
One hand and sight of one eye	$25,000
One foot and sight of one eye	$25,000
One hand or one foot or one eye	$10,000
Movement of Both Upper and Lower Limbs (Quadriplegia)	$50,000
Movement of both lower limbs (Paraplegia)	$25,000
Movement of both upper and lower limbs of one side of the body (Hemiplegia)	$25,000

Loss of hands and feet means the loss at or above the wrist or ankle joints. Loss of eyes means total irrecoverable loss of the entire sight. Only one of the amounts named above will be paid for Injuries resulting from any one Accident. The amount so paid shall be the largest amount that applies.

This benefit will pay the appropriate portion of the Principal Sum if you sustain a loss of the type listed 90 days after suffering a bodily Injury due to a covered Accident. Such Injury must occur while you are: 1) practicing for; 2) engaging in; or 3) traveling to or from an official activity of the Policyholder as a participant of an officially recognized organization or department.

This provision does not cover the loss if it in any way results from or is caused or contributed:

1. By physical or mental illness; medical or surgical treatment except that results directly from a surgical operation made necessary solely by an Injury covered by this Plan;

2. By an infection, unless it is caused solely and independently by a covered Accident;

3. Participation in a felony. Participation means to take part or to have share in something.

4. For loss caused by your voluntary use of a controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless prescribed by a doctor.

To file a claim for Accidental Death and Dismemberment, please contact Chickering Claims Administrators, Inc. at **(877) 375-4244** for the appropriate claim forms.

Worldwide Emergency Travel Assistance Services

These services are designed to protect Connecticut State University students when traveling more than 100 miles from home anywhere in the world. Medical Repatriation and Return of Mortal Remains services are also available at the participant's campus location.

If you experience a medical emergency while traveling more than 100 miles from home or campus, you have access to a comprehensive group of emergency assistance services provided by Assist America, Inc.

Eligible participants have immediate access to doctors, hospitals, Pharmacies, and other services when faced with an emergency while traveling. The Assist America Operations Center can be reached 24 hours a day, 365 days a year to provide services including: medical consultation and evaluation; medical referrals; foreign hospital admission guarantee; Prescription assistance; lost luggage assistance; legal and interpreter assistance; and travel information such as Visa and passport requirements, travel advisories, etc.

Medical Repatriation and Return of Mortal Remains

In the event that a participant becomes Injured and adequate medical facilities are not available locally, Assist America will use whatever mode of transport, equipment and personnel necessary to evacuate you to the nearest facility capable of providing required care. In the event of death of a participant, Assist America will render every possible assistance in return of mortal remains including locating a sending funeral home, preparing the deceased for transport, procuring required documentation, providing necessary shipping container, as well as paying for transport. **Please note:** Any third party expenses incurred are the responsibility of the participant.

An Assist America ID card will be supplied to you once you enroll in the Chickering Student Accident and Sickness Insurance Plan. Please remember to carry your Assist America card and call toll free within the U.S. at **(800) 872-1414** or outside the U.S. call collect **(dial U.S. access code) plus (301) 656-4152** in the event of an emergency when you are traveling. With one phone call, you will be connected to a global network of over 600,000 pre-qualified medical providers. Assist America Operations Centers have worldwide assistance capabilities and are known throughout the world as a premier Emergency Assistance Services provider.

NOTE: Assist America pays for all Assistance Services it provides. All Assistance Services must be arranged and provided by Assist America. Assist America does not reimburse for services not provided by Assist America.

The Assist America program meets and exceeds the requirements of USIA for International Students & Scholars.

Emergency Travel Assistance Services are administered by Assist America, Inc.

Important Note

Please keep this Brochure, as it provides a general summary of your coverage. A complete description of the benefits, and full terms and conditions, may be found in the Master Policy. If any discrepancy exists between this Brochure and the Policy, the Master Policy will govern and control the payment of benefits.

This student Plan fulfills the definition of creditable coverage explained in the Health Insurance Portability and Accountability Act (HIPAA) of 1996. At any time should you wish to receive a certification of coverage, please call the Customer Service number on your ID card.

Administered by:

The Chickering Group℠
An Aetna Company

Chickering Benefit Planning Insurance Agency, Inc.
1 Charles Park
Cambridge, MA 02142

Offered by:
Chickering Claims Administrators, Inc.
P.O. Box 15708
Boston, MA 02215-0014
(877) 375-4244
www.chickering.com

Underwritten by:

Aetna®

Aetna Life Insurance Company (ALIC)
151 Farmington Ave.
Hartford, CT 06156

The Chickering Group is an internal business unit of Aetna Life Insurance Company.

NOTICE

Aetna considers non-public personal Covered Person information confidential and has policies and procedures in place to protect the information against unlawful use and disclosure. When necessary for your care or treatment, the operation of your health Plan, or other related activities, we use personal information internally, share it with our affiliates, and disclose it to health care providers (doctors, dentists, Pharmacies, hospitals and other caregivers), vendors, consultants, government authorities, and their respective agents. These parties are required to keep personal information confidential as provided by applicable law. Participating Network/Preferred Providers are also required to give you access to your medical records within a reasonable amount of time after you make a request. By enrolling in the Plan, you permit us to use and disclose this information as described above on behalf of yourself and your dependents.

To obtain a copy of our Notice of Privacy Practices describing in greater detail our practices concerning use and disclosure of personal information, please call the toll-free Customer Services number on your ID card or visit Chickering's Student Connection Link on the Internet at ***www.chickering.com***.

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CSUS-0315
Addendum #2
December 27, 2007

Brochure 8
International Student 2006-2007

2006 - 2007

Student Accident and Sickness Plan
International Student Plan Brochure

- **Central Connecticut State University**
- **Eastern Connecticut State University**
- **Southern Connecticut State University**
- **Western Connecticut State University**

Herein called

Connecticut State University

Offered by:
Chickering Benefit Planning Insurance Agency, Inc.
Administered by:
Chickering Claims Administrators, Inc.
Underwritten by:
Aetna Life Insurance Company (ALIC)

Table of Contents

The Connecticut State University Student Accident and Sickness Plan

The Connecticut State University Student Accident and Sickness Plan has been developed especially for Connecticut State University students. The Plan provides coverage for illnesses and Injuries that occur on and off campus and includes special cost-saving features to keep the coverage as affordable as possible. Connecticut State University is pleased to offer this Plan as described in this Brochure.

Where To Find Help

Got Questions? Get Answers with Chickering's Aetna Navigator™

As a Chickering Student Accident and Sickness Plan member, you have access to Aetna Navigator, your secure member website, packed with personalized benefits and health information. You can take full advantage of our interactive website to complete a variety of self-service transactions online.

By logging into Chickering's Aetna Navigator, you can:

- Review who is covered under your plan.
- Request member ID cards.
- View Claim Explanation of Benefits (EOB) statements.
- Estimate the cost of common health care services and procedures to better plan your expenses.
- Research the price of a drug and learn if there are alternatives.
- Find health care professionals and facilities that participate in your plan.
- Send an e-mail to Chickering Customer Service at your convenience.
- View the latest health information and news, and more!

How do I register?

- Go to ***www.chickering.com***
- Click on "Find Your School"
- Enter your school name and then click on "Search"
- Click on Aetna Navigator and then the "Access Navigator" link
- Follow the instructions for First Time User by clicking on the "Register Now" link
- Select a user name, password and security phrase.

Your registration is now complete, and you can begin accessing your personalized information!

Need help with registration?

Registration assistance is available toll free, Monday through Friday, from 7 a.m. to 9 p.m. Eastern Time at **(800) 225-3375**.

For Questions About:

- Enrollment
- Insurance Benefits
- Claims Processing
- Inpatient Admission Pre-Certification

Please contact:

Chickering Claims Administrators, Inc.
P.O. Box 15708
Boston, MA 02215-0014
(877) 375-4244

For Questions About ID Cards:

ID cards will be issued as soon as possible. If you need medical attention before the ID card is received, benefits will be payable in accordance with the Policy. **You do not need an ID card to be eligible to receive benefits.**

Note: Please be advised you will receive a unique Aetna member ID number on your membership card.

For lost ID cards, please contact:

Chickering Claims Administrators, Inc.

(877) 375-4244

or visit ***www.chickering.com***, click on "Find Your School" and search by school name. Click on the Help Center button on the left of your screen or the Navigator button to print a temporary ID card or request a new card.

For Questions About:

- Status of Pharmacy Claim
- Pharmacy Claim Forms
- Excluded Drugs and Pre-Authorization

Please contact:

Aetna Pharmacy Management

(800) 238-6279 (Available 24 hours)

For Questions About:

- Worldwide Emergency Travel Assistance Services

Please contact:

Assist America, Inc.

(800) 872-1414 (within U.S.)

If outside the U.S., call collect **by dialing the U.S. access code plus (301) 656-4152**

E-mail address: ***medservices@assistamerica.com***

For Provider Listings (Including a list of Preferred Care Pharmacies):

For a complete list of providers you can use Aetna's DocFind® Service at: ***www.chickering.com***, click on "Find Your School" and search by school name. Click on the DocFind button on the left side of your screen to search for Preferred Pharmacies.

Worldwide Web Access:

- The Chickering Group: ***www.chickering.com***

Connecticut State University Student Accident and Sickness Insurance Plan

This is a brief description of the Full-Time Accident Plan and the Full-Time Sickness Plan benefits available for international Connecticut State University students. The Plan is underwritten by Aetna Life Insurance Company (Aetna). The exact provisions governing this insurance are contained in the Master Policy. Call Chickering Claims Administrators, Inc. at **(877) 375-4244** for additional information. The Plan is administered by Chickering Claims Administrators, Inc., P.O. Box 15708, Boston, MA 02215-0014.

Policy Period

Students

Coverage under the Connecticut State University Student Accident and Sickness Insurance Plan is effective:
Annual Period: 12:01 a.m. on **August 1, 2006** through 12:01 a.m. on **August 1, 2007**.
Fall Semester: 12:01 a.m. on **August 1, 2006** through 12:01 a.m. on **January 16, 2007**.
Spring Semester: 12:01 a.m. on **January 16, 2007** through 12:01 a.m. on **August 1, 2007**.

International Student Premium Rates

Matriculated Full-Time	Annual	Fall	Spring
Full-Time Accident & Sickness	$ 860.00	$430.00	$430.00
Spouse Accident & Sickness	$1,152.00	$576.00	$576.00
Children Accident & Sickness	$1,152.00	$576.00	$576.00

Premium Refund Policy

Except for medical withdrawal due to a covered Accident or Sickness, any student withdrawing from school during the first 31 days of the period for which coverage is purchased shall not be covered under the Policy and a full refund of the premium will be made. Refunds will not be granted after the first 31 calendar days of the semester unless it is determined that you do not meet the eligibility criteria defined by the University in conjunction with The Chickering Group.

Please Note: The eligibility requirements defined in this Brochure must be met and maintained throughout the Policy Year. The Chickering Group in conjunction with Connecticut State University maintains the right to investigate student status and attendance records to verify that Policy eligibility requirements have been met. If we discover that Policy eligibility requirements have not been met, our only obligation is a refund of premium. Eligibility requirements must be met each time a premium is paid to continue coverage.

Audited or television (TV) courses do not fulfill the eligibility requirements that states the covered student actively attends classes. If the eligibility requirements are not met, Aetna's only obligation is to refund the premium.

A Covered Person entering the armed forces of any country will not be covered under the Policy as of the date of such entry. A pro-rata refund of premium will be made for such person, and any covered dependents upon written request received by Chickering Claims Administrators, Inc. within 90 days of withdrawal from school.

Student Eligibility Requirements

Full-Time International Students – Accident Plan

All full-time registered international students enrolled at Connecticut State University are automatically enrolled in the full-time Accident Plan as part of the University General Fee. You are covered 24 hours a day on and off campus.

Full-Time International Students – Sickness Plan

All full-time international students holding J-1 Visas are required to participate in this Plan, unless you can provide proof of comparable coverage by submitting a Waiver by the published deadline dates. Any Waivers received after the published deadline will not be accepted. Failure to complete the Waiver process, within the University's specified Waiver period, will result in an annual premium of $860 (for the Accident and Sickness Insurance Plan) added to your tuition bill.

Part-Time International Students – Accident and Sickness Plan

All matriculated part-time international students holding J-1 Visas are eligible to enroll in the Accident and Sickness Plan on a voluntary basis. Matriculated means that the student has been accepted to an accredited degree-seeking program. We maintain the right to investigate student status and attendance records to verify that Policy eligibility requirements have been met. If we discover that Policy eligibility requirements have not been met, our only obligation is a refund of premium. Eligibility requirements must be met each time a premium is paid to continue coverage.

Dependent Coverage

If you are enrolled in the Student Accident and Sickness Insurance Plan you may also enroll your Dependent children (up to age 19) or spouse who reside with you.

Newborn Infant Coverage and Adopted Child Coverage

A child born to a Covered Person shall be covered for Accident, Sickness and congenital defects for 31 days from the date of birth. At the end of this 31-day period, coverage will cease under the Connecticut State University Student Accident and Sickness Insurance Plan. To continue coverage you must complete and return the Dependent Enrollment Form to The Chickering Group.

Waiver Deadline Dates

If you are eligible for coverage due to loss of other comparable coverage, and wish to join the Plan after these Waiver deadlines, you must present documentation from your former insurance company that is no longer providing you with health insurance. Your effective date under this Plan will be the date the former insurance expired, if you make the request for coverage within 31 days after it expires. Please contact The Chickering Group who will inform you of your premium payment.

Pre-Existing Conditions/Continuously Insured Provisions (Part-time Students Only)

Pre-Existing Conditions

The definition of a Pre-Existing Condition is any Injury, Sickness, or condition that was diagnosed or treated, or would have caused a person to seek diagnosis or treatment within six months prior to the Covered Person's effective date of insurance under this Plan. The limitation will not apply if:

1. The covered person has been on the Connecticut State University Policy for more than 12 months; or
2. The individual seeking coverage under this Policy was previously covered under prior Creditable Coverage which was continuous to a date not less than 120 days prior to the effective date of coverage under this Policy. (**Note:** 150 days prior to the effective date of coverage under this Policy if prior Creditable Coverage terminated due to an involuntary loss of employment.)

Limitations

Expenses incurred by a Covered Person as a result of a Pre-Existing Condition will not be considered a Covered Medical Expense unless no charges are incurred or treatment rendered for the condition for a period of six months while covered under the Policy, or the Covered Person has been covered under the Policy for 12 consecutive months, whichever is less.

Routine follow-up care to determine whether a breast cancer has reoccurred in a Covered Person who has been previously determined to be breast cancer free shall not be considered as medical advice, diagnosis, care or treatment unless evidence of breast cancer is found during or as a result of such follow-up. Genetic information shall not be treated as a condition related to such information. Pregnancy shall not be considered a Pre-Existing Condition.

Please Note: The Pre-Existing limitation only applies to part-time students.

Special Rules as to a Pre-Existing Condition

If a Covered Person has creditable coverage and such coverage ceased within 120 days prior to the date they enrolled in the Policy, then any limitation as to a Pre-Existing Condition under the Policy will apply for that Covered Person only to the extent that such limitation would have applied under the prior creditable coverage.

"Creditable coverage" is a person's prior medical coverage as defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Such coverage includes coverage issued on a group or individual basis; Medicare; Medicaid; military-sponsored health care; a program of the Indian Health Service; a state health benefits risk pool; the Federal Employee's Health Benefit Plan (FEHBP); a public health plan as defined in the regulations; and any health benefit plan under Section 5(e) of the Peace Corps Act.

Continuously Insured

Persons who have remained continuously insured under the Policy and other prior health insurance policies will be covered for any Pre-Existing Condition that manifests itself while continuously insured, except for expenses payable under prior policies in the absence of the Policy. Previously Covered Persons must re-enroll for coverage by the indicated enrollment deadlines in order to avoid a break in coverage for conditions that existed in the prior Policy Year. Once a break in continuous coverage occurs, the definition of Pre-Existing Conditions will apply.

Connecticut State University Health and Counseling Services

As a full-time student, you are entitled to receive care at the University Health and Counseling Services. This Student Accident and Sickness Insurance Plan provides benefits to help cover costs for care that cannot be provided or treated by the University Health and Counseling Services.

It is strongly suggested that the student seek care at their University Health and Counseling Services rather than obtaining health services from outside sources whenever possible.

University Health and Counseling Services are not available to the Student's Spouse or Dependent Children.

Preferred Provider Organization (PPO) Network

The Chickering Group has arranged for you to access a national PPO Network. Acute care facilities and mental health networks are also available nationally if you require treatment or hospitalization outside the immediate area of the Connecticut State University campuses. The Connecticut State University Student Accident and Sickness Insurance Plan for the 2006-2007 Policy Year has a PPO Network through Aetna. It is to your advantage to use a Preferred Provider because significant savings can be achieved from the substantially lower rates these Providers have agreed to accept as payment for their services. Preferred Providers are independent contractors and are neither employees nor agents of Connecticut State University, Chickering Claims Administrators, Inc., or Aetna. You may obtain a complete listing of Preferred Providers by contacting Chickering Claims Administrators, Inc. at **(877) 375-4244** or by accessing Aetna's DocFind® Service at: ***www.chickering.com***, click on "Find Your School" and search by school name.

Inpatient Admission Pre-Certification Program

Pre-Admission Certification is required for all inpatient admissions, including length of stay and must be certified by contacting Chickering Claims Administrators, Inc.

Pre-Certification does not guarantee the payment of benefits for your inpatient admission. Each claim is subject to medical Policy review, in accordance with the exclusions and limitations contained in the Policy, as well as a review of eligibility, adherence to notification guidelines, and benefit coverage under the Student Accident and Sickness Plan.

Pre-Certification of Non-Emergency Inpatient Admissions

The patient, Physician, or hospital must telephone at least three business days prior to the planned admission.

Notification of Emergency Admissions

The patient, patient's representative, Physician, or hospital must telephone within one business day following admission.

The above Pre-Certification provision will not operate to deny benefits for Medically Necessary inpatient hospital confinements. This includes such confinements for mental and nervous disorders, biologically based mental illnesses, and substance abuse for which coverage is required by the State of Connecticut.

Chickering Claims Administrators, Inc.
Attention: Managed Care Dept.
P.O. Box 15708
Boston, MA 02215-0014
(877) 375-4244

Description of Benefits

In order to maximize your savings and to reduce out-of-pocket expenses, select a Preferred Provider from the list of Physicians on the Insurance Plan to serve as your primary care Physician. It is to your advantage to use a Preferred Provider because significant savings can be achieved from the substantially lower rates these Providers have agreed to accept as payment for their services. Non-Preferred Care is subject to the Reasonable Charge allowance maximums. It is strongly suggested that you use the campus health service for your medical or mental health services whenever possible, since they are cost effective and convenient.

You may obtain a complete listing of Preferred Providers by contacting Chickering Claims Administrators, Inc. at **(877) 375-4244** or by accessing Aetna's DocFind® Service at: ***www.chickering.com***, click on "Find Your School", enter school name and click on the DocFind button on the left of your screen.

This Plan always pays benefits in accordance with any applicable Connecticut Insurance Law(s).

Summary of Benefits Chart

The following chart shows a summary of the benefits coverage for international students. The following benefits are subject to the imposition of Policy limits and exclusions.

Mandatory Accident Benefits	
Aggregate Plan Maximum	$50,000 per Accident.
Accident Expenses Benefit	When an Injury occurs and requires: (a) treatment by a doctor/surgeon; (b) hospital confinement; (c) services of a licensed nurse practitioner or RN; (d) X-ray services; (e) use of operating room, anesthesia, laboratory services; (f) prescribed medicines, plaster casts, surgical dressings; or (g) use of an ambulance; Covered Medical Expenses are payable as follows when the expense is incurred within 104 weeks from the date of the Accident: ***Preferred Care:*** 100% of the Negotiated Charge. ***Non-Preferred Care:*** 100% of the Reasonable Charge.
Emergency Treatment for Accidental Ingestions of Controlled Drugs	Covered Medical Expenses are payable as follows: ***Outpatient:*** Covered as any other Accident up to a maximum of $500 per Policy Year. ***Inpatient:*** Covered Medical Expenses for the emergency treatment of Accidental Ingestion of Controlled Drugs while confined as an inpatient in a hospital or facility licensed for such treatment are payable on the same basis as for any other Accident. Treatment is limited to a maximum of 30 days per Policy Year.
Accidental Dental Expenses	Covered Medical Expenses are payable up to a maximum of $2,500 per injury for the treatment of an Injury to sound, natural teeth.
Official Travel Accident Expenses	Covered Medical Expenses are payable up to a maximum of $1,000 per Injury for the treatment of an Injury resulting while traveling to or from an official school activity.

Benefits under the Student Accident Insurance Plan are paid on an excess basis. This means no expense is covered if it would be covered by another health care plan in the absence of this insurance. The Accident Plan supplements, not replaces, other health care coverage.

Sickness Expense Benefits	
Aggregate Plan Maximum	$50,000 per Sickness.
Preferred Care	100% of the Negotiated Charge when the expense is incurred within 52 weeks of the onset of the Sickness unless stated otherwise.
Non-Preferred Care	100% of the Reasonable Charge when the expense is incurred within 52 weeks of the onset of the Sickness unless stated otherwise.
Inpatient Hospitalization Benefits	
Hospital Room and Board Expenses	Covered Medical Expenses are payable up to a maximum of $500 per day for a semi-private room rate for an overnight stay.
Intensive Care Unit Expenses	Covered Medical Expenses are payable up to a maximum of $1,000 per day for an overnight stay.
Miscellaneous Hospital Expenses	Covered Medical Expenses are payable up to a maximum of $700 per hospital confinement. Once charges exceed $700, benefits are payable as follows: ***Preferred Care:*** 80% of the Negotiated Charge. ***Non-Preferred Care:*** 80% of the Reasonable Charge. Covered Medical Expenses include, but are not limited to: laboratory tests, X-rays, anesthesia, use of special equipment, medicines and use of operating room.
Physician Hospital Visit Expenses	Covered Medical Expenses for charges for the non-surgical services of the attending Physician or a consulting Physician are payable up to $75 for the first visit and $60 for each visit thereafter up to a maximum of $1,300 per Sickness.
Private Duty Nursing Expenses	Covered Medical Expenses for services for full-time nursing care by a registered nurse (RN) while confined to a hospital and when recommended by a doctor, up to $60 per eight hour shift, up to a maximum of $1,800 per Sickness.
Surgical Benefits (Inpatient and Outpatient)	
All Covered Medical Expenses in this section are subject to a $3,000 per Sickness benefit maximum.	
Surgical Expenses	Covered Medical Expenses for charges for surgical services performed by a Physician.
Anesthetist Expenses and Assistant Surgeon Expenses	Covered Medical Expenses for the charges of an anesthetist and an assistant surgeon during a surgical procedure for surgical services performed during a surgical operation are payable as follows: ***Preferred Care:*** 80% of the Surgical Allowance. ***Non-Preferred Care:*** 80% of the Surgical Allowance.

Outpatient Benefits	
All Covered Medical Expenses for services are payable up to a maximum of $1,500 for each covered Sickness unless otherwise stated. Covered Medical Expenses include, but are not limited to: Physician's office visits, hospital or outpatient department or emergency room visits, durable medical equipment, physical therapy, clinical lab, radiological facility or other similar facility licensed by the state.	
Physician's Office Expenses	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge after a $10 Copay per visit. ***Non-Preferred Care:*** 100% of the Reasonable Charge after a $10 Deductible per Sickness.
Emergency Care Expenses	Covered Medical Expenses for treatment of an Emergency Medical Condition are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge after a $10 Copay per visit. ***Non-Preferred Care:*** 100% of the Reasonable Charge after a $10 Deductible per Sickness.
Lab and X-ray Expenses *(Non-Hospital)*	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge after a $10 Copay per visit. ***Non-Preferred Care:*** 100% of the Reasonable Charge after a $10 Deductible per Sickness.
Mental Health and Substance Abuse Benefits	
Inpatient Expenses – Mental or Emotional Illness or Disorder	Covered Medical Expenses for the treatment of a mental health condition while confined as an inpatient in a hospital or facility licensed for such treatment are payable on the same basis as for any other Sickness. Covered Medical Expenses also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis by contacting Chickering Claims Administrators Inc. When approved, benefits will be payable in place of an inpatient admission, whereby two days of partial hospitalization may be exchanged for one day of full hospitalization.
Outpatient Expenses – Mental or Emotional Illness or Disorder	Covered Medical Expenses for the care or treatment of a mental health condition by a licensed or accredited health service organization or hospital or by a licensed practitioner are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge after a $10 Copay per visit. ***Non-Preferred Care:*** 100% of the Reasonable Charge after a $10 Deductible per Sickness. Benefits are payable up to a maximum of $2,000 per Sickness.

Mental Health and Substance Abuse Benefits (continued)	
Inpatient Expenses – Alcohol and Substance Abuse	Covered Medical Expenses for the treatment of alcohol/substance abuse while confined as an inpatient in a hospital or facility licensed for such treatment are payable on the same basis as for any other Sickness. Covered Medical also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis by contacting Chickering Claims Administrators Inc. When approved, benefits will be payable in place of an inpatient admission, whereby two days of partial hospitalization may be exchanged for one day of full hospitalization.
Outpatient Expenses – Alcohol and Substance Abuse	Covered Medical Expenses for the care or treatment of alcohol/substance abuse by a licensed or accredited health service organization or hospital or by a fully licensed practitioner are payable on the same basis as for any other Sickness.
Other Benefits	
Ambulance Expenses	Covered Medical Expenses are payable at 100% of the Reasonable Charge to a maximum set by the Department of Public Health in accordance with Connecticut General Statutes section 19a-177 when required due to the emergency nature of a covered Sickness.
Dental Expenses	Covered Medical Expenses are payable on the same basis as for any other surgical expense for the removal of impacted wisdom teeth up to a maximum of $3,000 per Sickness.
High Cost Procedure Expenses *(Diagnostic Allowance includes MRI, CAT Scan, Echocardiogram, etc.)*	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 80% of the Negotiated Charge. ***Non-Preferred Care:*** 80% of the Reasonable Charge. Covered Medical Expenses are subject to a $1,500 benefit maximum per covered Sickness.
Prescription Drug Expenses	Covered Medical Expenses for outpatient Prescription Drugs associated with a covered Sickness or covered Accident occurring during the Policy Year, are payable as follows: ***Preferred Care:*** 100% of Negotiated Charge. ***Non-Preferred Care:*** 100% of Reasonable Charge for each Prescription Drug dispensed at a Non-Participating Pharmacy. **Please note:** You are required to pay in full at the time of service for all Prescriptions dispensed at a Non-Participating Pharmacy. Covered Medical Expenses are payable up to a maximum of $2,000 per Policy Year.

Other Benefits (continued)	
Prescription Drug Expenses *(continued)*	Medications not covered by this benefit include, but are not limited to: allergy sera, drugs whose sole purpose is to promote or to stimulate hair growth, appetite suppressants, smoking deterrents, immunization agents and vaccines, and non-self injectables. Coverage for the following state mandated benefits will be covered the same as any other benefits covered by this Plan unless otherwise indicated.
Women's Health Benefit Expenses *(No Referral Required)*	Covered Medical Expenses include expenses for an annual Pap smear on the same basis as any outpatient expenses for women age 18 and older. If follow-up diagnostic Pap smears are Medically Necessary, they will be covered on the same basis as any other outpatient expense.

Mammogram Expenses *(No Referral Required)*	Covered Medical Expenses are payable on the same basis as any other expense. Coverage is provided for:
	• one or more mammograms a year, as recommended by a doctor, for any woman who is at risk for breast cancer. For purposes of this benefit, "at risk" means:
	  • the woman has a personal history of breast cancer;
	  • the woman has a personal history of biopsy-proven benign breast disease; or
	  • the woman's mother, sister, or daughter has or has had breast cancer;
	• a baseline mammogram for a woman aged 35 to 40 years; and,
	• an annual mammogram for a woman aged 40 or older, or more frequently if recommended by the woman's Physician.
	• comprehensive ultrasound screening of an entire breast or breasts if such screening is recommended by a Physician for a woman classified as a category 2, 3, 4 or 5 under the Breast Imaging Reporting and Data System established by the American College of Radiology.

Early Intervention Expenses	Medically Necessary early intervention services for a Dependent child from birth until the child's third birthday, up to a maximum benefit of $3,200 per year and an aggregate benefit of $9,600 over the total three-year period. No payment made under this benefit shall be applied against the Aggregate Maximum amount.
Hypodermic Needles or Syringes Expenses	Doctor prescribed hypodermic needles or syringes for the purpose of administering medications for medical conditions, provided such medications are covered under this Plan.

Other Benefits (continued)	
Maternity Expenses *(No Referral Required)*	Covered Medical Expenses for pregnancy, childbirth, and complications of pregnancy are payable on the same basis as any other Sickness. In the event of an inpatient confinement, such benefits would be payable for inpatient care of the Covered Person, and any newborn child, for a minimum of 48 hours after a vaginal delivery and for a minimum of 96 hours after a cesarean delivery. Any decision to shorten such minimum coverages shall be made by the attending Physician in consultation with the mother and done in accordance with the rules and regulations promulgated by the Department of Public Health. In such cases, Covered Medical Expenses may include home visits, parent education, and assistance and training in breast or bottle feeding.
Tumor and Leukemia Expenses	Surgical removal of tumors and treatment of leukemia, including outpatient chemotherapy, reconstructive surgery, cost of any non-dental prosthesis including maxillo-facial prosthesis used to replace anatomic structures lost during treatment for head and neck tumors or additional appliances essential for the support of such prosthesis, and outpatient chemotherapy following surgical procedure in connection with the treatment of tumors. Such benefits shall be subject to the same terms and conditions applicable to all other benefits under this Plan. We will pay a Policy Year benefit of: 1) $1,000 for the removal of any breast implant; 2) $700 for the surgical removal of tumors; 3) $700 for reconstructive surgery; 4) $700 for outpatient chemotherapy; and 5) $700 for prosthesis, except that for the purposes of the surgical removal of breast due to tumors, the Policy Year benefit for prosthesis shall be at least $350 for each breast.
Home Health Care Expenses	Expenses for covered home health aide service in lieu of hospitalization, except if diagnosed by a doctor as terminally ill with a prognosis of six months or less to live. Covered Medical Expenses are payable as described below if expenses are incurred within the first 12 months from the date of the first home health care visit. A $50 annual Deductible applies. ***Preferred Care:*** 75% of the Negotiated Charge. ***Non-Preferred Care:*** 75% of the Reasonable Charge. Covered Medical Expenses are payable up to a maximum of 80 visits per Policy Year. Four hours of home health aide services shall be considered one home health care visit. Covered Medical Expenses include, but are not limited to: 1) Part-time nursing care by or supervised by a registered nurse (RN); 2) Part-time home health aide service which consists mainly of caring for the patient;

Other Benefits (continued)	
Home Health Care Expenses *(continued)*	3) Physical, occupational, or speech therapy; or, 4) Medical supplies, drugs, medicines, and lab tests prescribed by a Physician. 5) Each four hours of home health aide will count as one visit. In the case of a terminally ill Covered Person, no more than $200 for medical social services for any 12-month period will be paid for covered services.
Diabetic Treatment and Supplies Expenses *(Please Note: Insulin, syringes and diabetic testing supplies are covered under the Prescription Drug portion of the Plan)*	Covered Medical Expenses incurred for diabetic treatment, other than those provided under the Prescription Drug portion of the Plan, are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge. ***Non-Preferred Care:*** 100% of the Reasonable Charge.
Craniofacial Disorders Expenses	Covered Medical Expenses include charges incurred for orthopedic processes and appliances for treatment of craniofacial disorders for Covered Persons age 18 or younger. Covered Medical Expenses are payable on the same basis as any other expense.
Lyme Disease Treatment Expenses	Covered Medical Expenses include not less than 30 days of intravenous antibiotic therapy, 60 days of oral antibiotic therapy, or both, and further treatment if recommended by a rheumatologist, infectious disease specialist or neurologist.
Hearing Aids for Children Expenses	Covered Medical Expenses include hearing Aids for children 12 years of age and younger up to $1,000 in a 24 month period.
Prostate Cancer Screening Expenses	Covered Medical Expenses include, but are not limited to, prostate specific antigen (PSA) tests, to screen for prostate cancer for men who are symptomatic, whose biological father or brother have been diagnosed with prostate cancer, and for all men aged 50 and older. Covered Medical Expenses are payable on the same basis as any other expense.
Colorectal Cancer Screening Expenses	Covered Medical Expenses include charges incurred by a Covered Person who is non-symptomatic and age 50 or more or who is symptomatic and under age 50 for colorectal cancer examination and for the following tests: • One fecal occult blood test every 12 consecutive months; • A sigmoidoscopy at age 50 and every three years thereafter; • One digital rectal exam every 12 consecutive months; • A double contrast barium enema every five years; and, • A colonoscopy every 10 years. Covered Medical Expenses are payable on the same basis as any expense.

Other Benefits (continued)	
Prescription Contraceptive Expenses	Covered Medical Expenses are payable on the same basis as any expense. Covered Medical Expenses also include any expenses incurred for office visits in conjunction with the administration of a covered Prescription contraceptive. Coverage of oral contraceptives, Lunelle, Depo-Provera, Patch and Ring are provided under the separate Prescription Drug Benefit portion of the Plan.
Cancer Routine Care Expenses	Covered Medical Expenses include routine patient care costs associated with cancer clinical trials.
Preventative Pediatric Care Expenses	Benefits will be provided for periodic reviews every two months between birth to six months, every three months between nine to 18 months, and then annually from two to six years. Services must be provided by or under the supervision of a single Physician during the course of a visit. Preventative Pediatric Care means the periodic review of a Dependent child's physical and emotional health from birth through six years of age by or under the supervision of a Physician. Periodic reviews shall include a medical history, complete physical examination, developmental assessment, anticipatory guidance, appropriate immunizations and laboratory tests in keeping with prevailing medical standards.
Chiropractic Care Expenses	Covered Medical Expenses will be payable for services rendered by a licensed chiropractor, to the same extent coverage is provided for services rendered by a Physician, if such chiropractic services: 1) treat a condition covered under this Plan; and 2) are within those services a chiropractor is licensed to perform. Paid same as Physician benefit.
Inherited Metabolic Disease Expenses	Covered Medical Expenses include therapeutic treatment of Inherited Metabolic Disease, including the purchase of amino acid modified preparations and Low Protein Modified Food Products, when prescribed by and administered under the direction of a Physician on the same basis as any other Sickness. Inherited Metabolic Disease means a disease for which newborn screening is required under Connecticut law and is caused by an inherited abnormality of body chemistry. Low Protein Modified Food Product means a product formulated to have less than one gram of protein per serving and intended for the dietary treatment of an inherited metabolic disease under the direction of a Physician.

Other Benefits (continued)	
Mastectomy, Reconstructive Breast Surgery or Lymph Node Dissection Expenses	Covered Medical Expenses for such surgery will be paid under the Surgery Benefits. Coverage will be provided for at least 48 hours of inpatient care following a mastectomy or lymph node surgery. Coverage will be provided for longer periods of inpatient care if it is recommended by the patient's treating Physician after conferring with the patient. We will also provide benefits for the reasonable costs of reconstructive surgery on each breast on which a mastectomy has been performed, and reconstructive surgery on a non-diseased breast to produce a symmetrical appearance. This benefit is subject to the same terms and conditions applicable to all other benefits under this Policy.
Occupational Therapy Expenses	Covered Medical Expenses will be considered at 80% of Reasonable Charges, for the expenses incurred for occupational therapy received by a Covered Person as the result of a Covered Accident.
Ostomy Appliances and Supplies Expenses	Covered Medical Expenses incurred by a Covered Person which are Medically Necessary expenses for surgical treatments that end in the phrase "ostomy" as defined in Connecticut law. We will pay the Ostomy Appliances and Supplies Expenses up to a maximum benefit of $1,000 per condition. Under Connecticut law, Ostomy Appliances and Supplies include, but are not limited to, collection devices, irrigation equipment and supplies, skin barriers and skin protectors.
Pain Management Benefit Expenses	Covered Medical Expenses include expenses incurred by a Covered Person for treatment by or under the management of a pain management specialist. We will also pay the expenses incurred for pain treatment ordered by such specialist. Such treatment may include all means necessary to make a diagnosis and develop a treatment plan including the use of necessary medications and procedures.
Anesthesia and In-hospital Dental Services Expenses	Covered Medical Expenses incurred for Medically Necessary in or out patient treatment or one day dental treatment for a Covered Person who is determined by a licensed dentist, in conjunction with a Physician, to have a dental condition of significant dental complexity that it requires certain dental procedures to be performed in a hospital or has a developmental delay disability if a Physician determines Medically Necessary.
Specialized Formula Expenses	When Medically Necessary for children up to age three for the treatment of a disease or condition and administered under the direction of Physician as specified in Public Act 01-101.

Other Benefits (continued)	
Infertility Treatment Expenses	Covered Medical Expenses include Medically Necessary expenses of the diagnosis and treatment of infertility, including but not limited to: 1) Ovulation induction; 2) Intrauterine insemination; 3) In-vitro fertilization; 4) Uterine embryo lavage; 5) Embryo transfer; 6) Gamete intra-fallopian transfer; 7) Zygote intra-fallopian transfer; and 8) Low tubal ovum transfer. Coverage may be limited as follows: 1) Starting at age 40; 2) For ovulation induction: a lifetime maximum of four cycles; 3) For intrauterine insemination: a lifetime maximum of three cycles; 4) For in-vitro fertilization, gamete intra-fallopian transfer, zygote intra-fallopian transfer, or low tubal ovum transfer: lifetime maximum of two cycles, with not more than two embryo implantations per cycle provided that each such fertilization/transfer is credited toward such maximum as one cycle; 5) Coverage for in-vitro fertilization, gamete intra-fallopian transfer, zygote intra-fallopian transfer and low tubal ovum transfer may be limited to those unable to conceive or produce conception or sustain a successful pregnancy through less expensive and medically viable infertility treatment or procedures covered under the Policy; 6) Treatment or procedures may be required to be performed at facilities that conform to the standards and guidelines of the American Society for Reproductive Medicine or the Society of Reproductive Endocrinology and Infertility; 7) Coverage may be limited to those who have had coverage for at least 12 months; 8) Insurers may require disclosure by the individual seeking such coverage to the individuals' existing health carrier of any previous infertility treatment or procedures received under a different policy. The disclosure must be made on a form and manner prescribed by the Commissioner.

General Provisions

State Mandated Benefits

The Plan will always pay benefits in accordance with any Connecticut State Insurance Law(s) that apply.

Subrogation/Reimbursement Right of Recovery Provision

Immediately upon paying or providing any benefit under this Plan, Aetna shall be subrogated to all rights of recovery a Covered Person has against any party potentially responsible for making any payment to a Covered Person, due to a Covered Person's Injuries or illnesses, to the full extent of benefits provided, or to be provided by Aetna. In addition, if a Covered Person receives any payment from any potentially responsible party, as a result of an Injury or illness, Aetna has the right to recover from, and be reimbursed by, the Covered Person for all amounts this Plan has paid, and will pay as a result of that Injury or illness, up to and including the full amount the Covered Person receives, from all potentially responsible parties. A "Covered Person" includes, for the purposes of this provision, anyone on whose behalf this Plan pays or provides any benefit, including but not limited to the minor child or Dependent of any Covered Person, entitled to receive any benefits from this Plan.

As used in this provision, the term "responsible party" means any party possibly responsible for making any payment to a Covered Person or on a Covered Person's behalf due to a Covered Person's Injuries or illness or any insurance coverage responsible making such payment, including but not limited to:

- Uninsured motorist coverage;
- Underinsured motorist coverage;
- Personal umbrella coverage;
- Med-pay coverage;
- Workers compensation coverage;
- No-fault automobile insurance coverage; or
- Any other first party insurance coverage.

The Covered Person shall do nothing to prejudice Aetna's subrogation and reimbursement rights. The Covered Person shall, when requested, fully cooperate with Aetna's efforts to recover its benefits paid. It is the duty of the Covered Person to notify Aetna within 45 days of the date when any notice is given to any party, including an attorney, of the intention to pursue or investigate claim; to recover damages, due to Injuries sustained by the Covered Person.

The Covered Person acknowledges that this Plan's subrogation and reimbursement rights are a first priority claim against all potential responsible parties, and are to be paid to Aetna before any other claim for the Covered Person's damages. This Plan shall be entitled to full reimbursement first from any potential responsible party payments, even if such payment to the Plan will result in a recovery to the Covered Person, which is insufficient to make the Covered Person whole, or to compensate the Covered Person in part or in whole for the damages sustained. This Plan is not required to participate in or pay attorney fees to the attorney hired by the Covered Person to pursue

the Covered Person's damage claim. In addition, this Plan shall be responsible for the payment of attorney fees for any attorney hired or retained by this Plan. The Covered Person shall be responsible for the payment of all attorney fees for any attorney hired or retained by the Covered Person or for the benefit of the Covered Person.

The terms of this entire subrogation and reimbursement provision shall apply. This Plan is entitled to full recovery regardless of whether any liability for payment is admitted by any potentially responsible party, and regardless of whether the settlement or judgment received by the Covered Person identifies the medical benefits this Plan provided. This Plan is entitled to recover from any and all settlements or judgments, even those designated as "pain and suffering" or "non-economic damages" only.

In the event any claim is made that any part of this subrogation and reimbursement provision is ambiguous or questions arise concerning the meaning or intent of any of its terms, the Covered Person and this Plan agree that Aetna shall have the sole authority and discretion to resolve all disputes regarding the interpretation of this provision.

Additional Services and Discounts

As a participant in the Student Health Insurance Plan, you can also take advantage of the following services, discounts, and programs. These services, discounts, and programs are not underwritten by Aetna.

Vision One® Discount Program	The Vision One Discount Program helps you save on many eye care products, including eyeglasses, contact lenses, non-prescription sunglasses, contact lens solutions and other eye care accessories. Plus, you can receive up to a 25% discount on LASIK surgery (the laser vision correction procedure). Call **(800) 793-8616** for additional program information and provider locations, or simply log on to ***www.chickering.com***, click on "Find Your School" and enter your school name to find a Vision One provider near you.
Informed Health® Line Service	Aetna's Informed Health® Line gives you easy access to credible health information. All Informed Health Line services are available 24 hours a day, 365 days a year on demand from any touch-tone phone or computer within the United States (including Alaska and Hawaii). **1. 24-Hour Nurse Line** Call our toll free number to access registered nurses* who are experienced in providing information on a variety of health topics. The nurses can help you: • Learn about medical procedures and possible treatment options. • Improve the way you communicate with your health care providers. Find out how to describe health symptoms more effectively, ask the right questions and provide a clear history of your eating, exercise and lifestyle habits.

Additional Services and Discounts (continued)	
Informed Health® Line Service *(continued)*	To reach an Informed Health® Line Nurse, please call **(800) 556-1555**. For TDD (hearing and speech impaired only), please call **(800) 270-2386.** **2. Audio Health Library** The Informed Health® Line audio health library contains information on thousands of health topics such as common conditions and diseases, gender- and age-specific health issues, dental care, mental health and substance abuse, weight loss and much more. To access the audio health library system, call the Informed Health Line toll-free number and simply enter the topic codes you're interested in. And if you have questions, you can transfer easily to an Informed Health Line nurse at any time. To access the Informed Health Line audio health library, please call **(800) 556-1555**. For TDD (hearing and speech impaired only), please call **(800) 270-2386**. **3. Healthwise® Knowledgebase** If you prefer to view health information online, simply log on to your Aetna Navigator account and click on "Take Action On Your Health" which will link you to the Healthwise® Knowledgebase, one of the most advanced health databases available. The Healthwise Knowledgebase contains detailed information about health conditions, medical tests and procedures, medications and treatment options. It also features illustrations and decision-focused tools to help you make more informed health care decisions. **Informed Health Line nurses cannot diagnose, prescribe or give medical advice. Contact your Physician with any questions or concerns regarding your health care needs. Also, the topics discussed by the nurses, on the audio tapes or online may not necessarily be covered by your health Plan.*
Fitness Program	Aetna's Fitness Program, offered in conjunction with GlobalFit™, offers discounted membership rates at over 1,500 independent fitness clubs nationwide, as well as discounts on certain home exercise equipment. There are no long term contracts and GlobalFit offers convenient payment options. Contact Chickering Claims Administrators, Inc. for more information.

Additional Services and Discounts (continued)	
Alternative Health Care Programs	Save money on many alternative therapies and products through our Alternative Health Care Programs. Take advantage of discounted rates on chiropractic manipulation, acupuncture and massage therapy, and nutritional counseling. Through participating retailers, you can also save on vitamins, supplements, and natural products such as aromatherapy, yoga tools, and homeopathy. These participating providers and vendors are independent contractors and are neither agents nor employees of Connecticut State University, Chickering, or Aetna.

Optional Dental	
Vital Savings	Vital Savings by Aetna[SM] offers you a great way to get significant discounts on Dental services. The Vital Savings dental discount card gives you access to substantial savings on dental care. The cost is **$25** for students for annual membership **September 1, 2006** through **August 31, 2007**. For complete details and to enroll, visit ***www.chickering.com***. Click on "Find Your School" and search by school name.
Aetna Dental Insurance Plan	With the Aetna Dental Insurance Plan, you can choose to visit a participating or non-participating dentist for care. Enroll and search dentists online at ***www.chickering.com***; click on "Find Your School." The cost to enroll in the Aetna Dental Insurance Plan is as follows: **Student:** $354 **Student + 1 Dependent:** $727 **Student + 2 or more Dependents:** $834 Full benefits and Plan highlights for the Dental Insurance Plan are available online under you University's webpage at ***www.chickering.com***.

Definitions

Accident: An occurrence which (a) is unforeseen, (b) is not due to or contributed to by Sickness or disease of any kind, and (c) causes Injury.

Actual Charge: The Actual Charge made for a covered service by the provider that furnishes it.

Aggregate Maximum: The maximum benefit that will be paid under the Policy for all Covered Medical Expenses incurred by a Covered Person that accumulate from one year to the next.

Brand-Name Prescription Drug or Medicine: A Prescription Drug which is protected by trademark registration.

Coinsurance: The percentage of Covered Medical Expenses payable by Aetna under the Accident and Sickness Insurance Plan.

Copay: The amount that must be paid by the Covered Person at the time services are rendered by a Preferred Provider. Copay amounts are the responsibility of the Covered Person.

Covered Medical Expenses: Those charges for any treatment, service, or supplies covered by the Policy which are: (a) not in excess of the Reasonable Charges; or, (b) not in excess of the charges that would have been made in the absence of this coverage; and, (c) incurred while the Policy is in force as to the Covered Person except with respect to any expenses payable under the Extension of Benefits provision.

Covered Person: A covered student and any covered dependent whose coverage is in effect under the Policy. See the Eligibility sections of this Brochure for additional information.

Deductible: A specific amount of Covered Medical Expenses that must be incurred and paid for by the Covered Person before benefits are payable under the Plan. Deductible amounts are the responsibility of the Covered Person.

Elective Treatment: Medical treatment which is not necessitated by a pathological change in the function or structure in any part of the body occurring after the Covered Person's effective date of coverage. Elective Treatment includes, but is not limited to: tubal ligation; vasectomy; breast reduction, except as specifically provided elsewhere in the Policy; sexual reassignment surgery; treatment for weight reduction; temporomandibular joint (TMJ) dysfunction; immunization, except as specifically provided elsewhere in the Policy; vaccines; and routine physical examinations.

Emergency Medical Condition: This means a recent and severe medical condition, including, but not limited to, severe pain, which would lead a prudent layperson possessing an average knowledge of medicine and health, to believe that their condition, Sickness, or Injury is of such a nature that failure to get immediate medical care could result in:

- Placing the person's health in serious jeopardy; or
- Serious impairment to bodily function; or
- Serious dysfunction of a body part or organ; or
- In the case of a pregnant woman, serious jeopardy to the health of the fetus.

It does include an Accident or serious illness such as heart attack, stroke, poisoning, loss of consciousness or respiration, and convulsions. It does not include elective care, routine care, or care for non-emergency illness.

If a Covered Person believes that they may have an emergency condition, they may call the **911** telephone number for police and ambulatory assistance. Aetna will determine if a condition is an emergency condition, based upon whether or not a prudent layperson, acting reasonably, would have believed that emergency medical treatment is needed.

Generic Prescription Drug or Medicine: A Prescription Drug that is not protected by trademark registration, but is produced and sold under the chemical formulation name.

Injury: Bodily Injury caused by an Accident; this includes related conditions and recurrent symptoms of such Injury.

Medically Necessary: A service or supply that is necessary and appropriate, for the diagnosis or treatment of a Sickness or Injury, based on generally accepted current medical practice.

In order for a treatment, service, or supply to be considered Medically Necessary, the service or supply must:

- Be care or treatment which is likely to produce as significant positive outcome as any alternative service or supply, both as to the Sickness or Injury involved and the person's overall health condition. It must be no more likely to produce a negative outcome than any alternative service or supply, both as to the Sickness or Injury involved and the person's overall health condition;
- Be a diagnostic procedure which is indicated by the health status of the person. It must be as likely to result in information that could affect the course of treatment as any alternative service or supply, both as to the Sickness or Injury involved and the person's overall health condition. It must be no more likely to produce a negative outcome than any alternative service or supply, both as to the Sickness or Injury involved and the person's overall health condition; and
- As to diagnosis, care, and treatment, be no more costly (taking into account all health expenses incurred in connection with the treatment, service, or supply) than any alternative service or supply to meet the above tests.

In determining if a service or supply is appropriate under the circumstances, Aetna will take into consideration:

- Information relating to the affected person's health status;
- Reports in peer reviewed medical literature;
- Reports and guidelines published by nationally recognized health care organizations that include supporting scientific data;

- Reports and guidelines published by nationally recognized health care organizations that include supporting scientific data;
- Generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care, or treatment;
- The opinion of health professionals in the generally recognized health specialty involved; and
- Any other relevant information brought to Aetna's attention.

In no event will the following services or supplies be considered to be Medically Necessary:

- Those that do not require the technical skills of a medical, mental health, or dental professional; or
- Those furnished mainly for the personal comfort, or convenience, of the person, any person who cares for him or her, or any person who is part of his or her family, any health care provider, or health care facility; or
- Those furnished solely because the person is an inpatient on any day on which the person's Sickness or Injury could safely and adequately be diagnosed or treated while not confined; or
- Those furnished solely because of the setting if the service or supply could safely and adequately be furnished, in a Physician's or a dentist's office, or other less costly setting.

Negotiated Charge: The maximum charge a Preferred Care Provider has agreed to make as to any service or supply for the purpose of the benefits under the Plan.

Non-Preferred Care: A health care service or supply furnished by a health care provider that is not a Preferred Care Provider, if, as determined by Aetna: (a) the service or supply could have been provided by a Preferred Care Provider; and, (b) the provider is of a type that falls into one or more of the categories of providers listed in the Directory.

Non-Preferred Care Provider (or Non-Preferred Provider): A health care provider that has not contracted to furnish services or supplies at a Negotiated Charge.

Non-Preferred Pharmacy: A Pharmacy not party to a contract with Aetna, or a Pharmacy that is party to such a contract but which does not dispense Prescription Drugs in accordance with its terms.

Pharmacy: An establishment where Prescription Drugs are legally dispensed.

Physician: A legally qualified Physician, licensed by the state in which they practice, and any other practitioner who must, by law, be recognized as a doctor legally qualified to render treatment.

Pre-Existing Condition: Any Injury, Sickness, or condition that was diagnosed or treated, or would have caused a person to seek diagnosis or treatment within three months prior to the Covered Person's effective date of insurance.

If a student has continuous coverage under the Connecticut State University Student Health Insurance Plan from one year to the next, an Accident or Sickness that first manifests itself during a prior year's coverage shall not be considered a Pre-Existing Condition.

Preferred Care: Care provided by a Preferred Care Provider; or any health care provider for an emergency condition when travel to a Preferred Care Provider is not feasible.

Preferred Care Provider (or Preferred Provider): A health care provider that has contracted to furnish services or supplies for a Negotiated Charge; but only if: (a) the provider is, with Aetna's consent, included in the Directory as a Preferred Care Provider for the service or supply involved; and, (b) the class of which the Covered Person is a member.

Preferred Pharmacy: A Pharmacy which is party to a contract with Aetna to dispense drugs to persons covered under the Policy, but only while the contract remains in effect and when the Pharmacy dispenses a Prescription Drug under the terms of its contract with Aetna.

Prescription: An order of a prescriber for a Prescription Drug. If it is an oral order, it must be promptly put in writing by the Pharmacy.

Reasonable Charge: Only that part of a charge which is reasonable is covered. The Reasonable Charge for a service or supply is the lowest of:

- The provider's usual charge for furnishing it;
- The charge Aetna determines to be appropriate, based on factors such as the cost of providing the same or a similar service or supply and the manner in which charges for the service or supply are made;
- The charge Aetna determines to be the prevailing charge level made for it in the geographic area where it is furnished.

In some circumstances, Aetna may have an agreement, either directly or indirectly through a third party, with a provider which sets the rate that Aetna will pay for a service or supply. In these instances, in spite of the methodology described above, the Reasonable Charge is the rate established in such agreement.

In determining the Reasonable Charge for a service or supply that is:

- Unusual; or
- Not often provided in the area; or
- Provided by only a small number of providers in the area, Aetna may take into account factors, such as:
  - The complexity;
  - The degree of skill needed;
  - The type of specialty of the provider;
  - The range of services or supplies provided by a facility; and
  - The prevailing charge in other areas.

Sickness: A disease or illness including related conditions and recurrent symptoms of the Sickness. Sickness also includes pregnancy and complications of pregnancy.

Exclusions

The Plan neither covers nor provides benefits for the following:

1. Expenses incurred as a result of dental treatment, except for: (a) Injury to sound, natural teeth; or (b) extraction of impacted wisdom teeth as provided elsewhere in the Policy.

2. Expenses incurred for services normally provided without charge by the Policyholder's health service, infirmary, or hospital, or by health care providers employed by the Policyholder.

3. Expenses incurred for eye refractions, vision therapy, radial keratotomy, eyeglasses, contact lenses (except when required after cataract surgery), or other vision or hearing aids, or Prescriptions or examinations except as required for repair caused by a covered Injury.

4. Expenses incurred as a result of an Accident occurring in consequence of riding as a passenger, or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular, published schedules on a regularly established route.

5. Expenses incurred as a result of an Injury or Sickness for which benefits are payable under any Workers' Compensation or Occupational Disease Law. This exclusion will not apply to the following:

- A Covered Person who is a sole proprietor or business owner who is not covered under Connecticut State Statutes Chapter 568-Workers' Compensation Act (Chapter 568), or, who accepts the provisions of Chapter 568, Section 31-275(10); and
- A Covered Person who is a corporate officer of a Corporation, whether or not they are excluded, or have requested exclusion, from coverage under Chapter 568 as allowed by Connecticut State Statutes, Section 31-275(9)(B)(V).

6. Expenses incurred as a result of Injury sustained or Sickness contracted while in the service of the armed forces of any country. Upon the Covered Person entering the armed forces of any country, the unearned pro-rata premium will be refunded to the Policyholder.

7. Expenses incurred for treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance.

8. Expenses incurred for plastic surgery, cosmetic surgery, reconstructive surgery, or other services and supplies that improve, alter, or enhance appearance, whether or not for psychological or emotional reasons. This exclusion will not apply to the extent needed to:

a) Improve the function of a part of the body that is not a tooth or structure that supports the teeth, and is malformed as a result of a severe birth defect (including harelip and webbed fingers or toes), or as direct result of disease, or from surgery performed to treat a Sickness or Injury.

b) Repair an Injury (including reconstructive surgery for a prosthetic device for a Covered Person who has undergone a mastectomy) which occurs while the Covered Person is covered under the Plan. Surgery must be performed in the Policy Year of the Accident which causes the Injury or in the next Policy Year.

9. Expenses for Injuries sustained as a result of a motor vehicle Accident to the extent that benefits are payable under other valid and collectible insurance, whether or not a claim is made for such benefits.

10. Expenses incurred for a treatment, service, or supply, which is not Medically Necessary, as determined by Aetna, for the diagnosis care or treatment of the Sickness or Injury involved. This applies even if they are prescribed, recommended, or approved, by the person's attending Physician or dentist.

In order for a treatment, service, or supply, to be considered Medically Necessary, the service or supply must:

- Be care, or treatment, which is likely to produce a significant positive outcome as, and no more likely to produce a negative outcome than, any alternative service or supply, both as to the Sickness or Injury involved, and the person's overall health condition;
- Be a diagnostic procedure which is indicated by the health status of the person, and be as likely to result in information that could affect the course of treatment as, and no more likely to produce a negative outcome than, any alternative service or supply, both as to the Sickness or Injury involved, and the person's overall health condition; and
- As to diagnosis, care, and treatment, be no more costly (taking into account all health expenses incurred in connection with the treatment, service, or supply), than any alternative service or supply to meet the above tests.

In determining if a service or supply is appropriate under the circumstances, Aetna will take into consideration:

- Information relating to the affected person's health status;
- Reports in peer reviewed medical literature;
- Reports and guidelines published by nationally recognized health care organizations that include supporting scientific data;
- Generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care, or treatment;
- The opinion of health professionals in the generally recognized health specialty involved; and
- Any other relevant information brought to Aetna's attention.

In no event will the following services or supplies be considered to be Medically Necessary:

- Those that do not require the technical skills of a medical, mental health, or dental professional; or
- Those furnished mainly for the personal comfort or convenience of the person, any person who cares for him or her, or any person who is part of his or her family, any health care provider, or health care facility; or

- Those furnished solely because the person is an inpatient on any day on which the person's Sickness or Injury could safely, and adequately, be diagnosed, or treated, while not confined, or those furnished solely because of the setting, if the service or supply could safely and adequately be furnished in a Physician's or a dentist's office, or other less costly setting.

11. Expenses incurred for any services rendered by a member of the Covered Person's immediate family or a person who lives in the Covered Person's home.

12. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.

13. Expenses incurred for services normally provided without charge by the school and covered by the school fee for services.

14. Expenses incurred as a result of a Covered Person's commission of a felony.

15. Expenses incurred for voluntary or elective abortions, unless otherwise provided in the Policy.

16. Expenses incurred as part of services or supplies that are, as found by Aetna, to be experimental or investigational. A drug, device, procedure, or treatment will be found to be experimental or investigational if:

- There is not enough outcomes data available from controlled clinical trials published in the peer reviewed literature to confirm its safety and effectiveness for the disease, or Injury involved; or
- If required by the FDA, approval has not been granted for marketing; or
- A recognized national medical or dental society, or regulatory agency has found, in writing, that it is experimental, investigational, or for research purposes; or
- The written protocol(s) used by the treating facility, or the protocol(s) of any other facility studying substantially the same drug, device, procedure, or treatment, or the written informed consent used by the treating facility or by another facility studying the same drug, device, procedure, or treatment states that it is experimental, investigational, or for research purposes.

However, this exclusion will not apply with respect to services, or supplies (other than drugs), received due to a disease, if Aetna finds that:

- The disease can be expected to cause death within one year, in the absence of effective treatment; and
- The care or treatment is effective for that disease, or shows promise of being effective for that disease as shown by scientific data. In making this finding, Aetna will take into account the results of a review by a panel of independent medical professionals. They will be selected by Aetna. This panel will include professionals who treat the type of disease involved.

Also, this exclusion will not apply with respect to drugs that:

- Have been granted treatment investigational new drug (IND), or Group Treatment IND status; or

- Are being studied at the Phase III level in a national clinical trial sponsored by the National Cancer Institute, if Aetna finds that available scientific evidence shows that the drug is effective, or shows promise of being effective, for the disease.

17. Expenses for treatment of Injury or Sickness to the extent payment is made, as a judgment or settlement, by any person deemed responsible for the Injury or Sickness (or their insurers) in accordance with Connecticut law or regulation.

18. Expenses incurred for, or related to, sex change surgery or to any treatment of gender identity disorders.

Those for routine physical exams, routine vision exams, routine dental exams, routine hearing exams, immunizations, or other preventive services and supplies, except to the extent coverage for such exams, immunizations, services, or supplies is specifically provided in the Policy.

19. Expenses incurred for breast reduction/mammoplasty.

20. Expenses for treatment of covered students who specialize in the mental health care field, and who receive treatment as part of their training in that field.

21. Expenses for: (a) care of flat feet; (b) supportive devices for the foot; (c) care of corns, bunions, or calluses; (d) care of toenails; and (e) care of fallen arches, weak feet, or chronic foot strain, except that (c) and (d) are not excluded when Medically Necessary, because the Covered Person is diabetic, or suffers from circulatory problems.

22. Expenses incurred for elective treatment or elective surgery except as specifically provided elsewhere in the Policy and performed while the Policy is in effect.

Any exclusion listed will not apply to the extent that coverage is required under any law that applies to the coverage.

Extension of Benefits

If a Covered Person is confined to a hospital on the date their insurance terminates, expenses incurred after the termination date and during the continuance of that hospital confinement shall be payable in accordance with the Policy, but only while they are incurred during the 90-day period following such termination of insurance.

For those students who have graduated from the University, or who are no longer eligible to enroll in the Plan because they have lost their eligibility status, the Plan will pay expenses incurred within 104 weeks of the date of a covered Accident or within 52 weeks of the onset of a covered Sickness. This benefit allows those students to continue treatment for a condition which was established/ manifested while they were insured under the Plan for up to 104/52 weeks from the date of the Accident or Sickness. Those students who continue enrollment and who have not elected to enroll in the Student Sickness Insurance Plan will have a Policy Year benefit.

Termination of Insurance

Benefits are payable under the Policy only for those Covered Medical Expenses incurred while the Policy is in effect as to the Covered Person. No benefits are payable for expenses incurred after the date the insurance terminates, except as may be provided under the Extension of Benefits provision.

Policy Cancellation

The Plan will remain in force indefinitely, but may be ceased by either party.

Connecticut State University may cease the Policy as to any or all coverage of all or any class of students. Aetna must be given written notice. The notice must state when such termination shall occur. It must be a date after the notice. It shall not be effective during a period for which a premium has been paid to Aetna as to the coverage.

Aetna has the right to cease the Policy only under the following conditions:

- Non-payment of premium.
- Fraud or misrepresentation of a material fact under the terms of the coverage.
- Aetna ceases to offer Student Blanket Health Insurance coverage subject to the terms of any Connecticut law or regulation.

As to non-payment of premium, Aetna has the right to cease the Policy as to all or any class of students of Connecticut State University at any time after the end of the grace period if the premium for student coverage has not been paid. Written notice of the termination date must be given by Aetna. This right is subject to the terms of any laws or regulations.

As to the other termination conditions, Aetna may cease the Policy in its entirety or as to any or all coverage of all or any class of students by giving Connecticut State University advance written notice of when it will cease. The date shall not be earlier than 31 days after the date of the notice unless it is agreed to by Connecticut State University and Aetna.

If:

- The Policy terminates as to any of the students of Connecticut State University; and
- Premiums have not been paid for the period the Policy was in force for those students, then Connecticut State University shall be liable to Aetna for the unpaid premiums.

Claim Procedure

On occasion, the claims investigation process will require additional information in order to properly adjudicate the claim. This investigation will be handled directly by Chickering Claims Administrators, Inc. (Chickering).

Customer Service Representatives are available 8:30 a.m. to 5:30 p.m., Monday through Friday, ET for any questions.

1. Bills must be submitted within 90 days from the date of treatment.

2. Payment for Covered Medical Expenses will be made directly to the hospital or Physician concerned unless bill receipts and proof of payment are submitted.

3. In the event of a disagreement over the payment of a claim, a written request to review the claim must be mailed to Chickering within one year from the date appearing on the Explanation of Benefits.

4. Make a copy of any documentation submitted to Chickering for your records.

5. You will receive an "Explanation of Benefits" when your Claims are processed. The Explanation of Benefits will explain how your claim was processed according to the benefits of your Student Accident and Sickness Insurance Plan.

How to Appeal a Claim

In the event a Covered Person disagrees with how a claim was processed, they may request a review of the decision. The Covered Person's requests must be made in writing within 60 days of receipt of the Explanation of Benefits (EOB). The Covered Person's request must include why they disagree with the way the claim was processed. The request must also include any additional information that supports the claim (e.g., medical records, Physician's office notes, operative reports, Physician's letter of Medical Necessity, etc.). Please submit all requests to:

Chickering Claims Administrators, Inc.
P.O. Box 15717
Boston, MA 02215-0014

Chickering and Aetna have established a procedure for resolving complaints by Covered Persons. If a Covered Person has a complaint, they must follow this procedure:

- An Appeal is defined as a written request for review of a decision which has been denied in whole or in part, after consideration of any relevant information. This includes a request for claim payment, certification, eligibility or referral, etc. The address is shown above and is also shown on your ID Card.
- An Appeal must be submitted within 60 days of the date Aetna provides notice of denial.
- An acknowledgment letter will be sent to the Covered Person within five days of Aetna's receipt of the Appeal. This letter may request additional information. If so, the additional information must be submitted to Aetna within 15 days of the date of the letter.
- The Covered Person will be sent a response within 30 days of Aetna's receipt of the Appeal. The response will be based on the information provided with or subsequent to the Appeal.
- If the Appeal concerns an eligibility issue, and if additional information is not submitted to Aetna after receipt of Aetna's response, the decision is considered Aetna's final response 60 days after receipt of the Appeal. For all other Appeals, if additional information is to be submitted to Aetna after receipt of Aetna's response, it must be submitted within 15 days.
- Aetna's final response will be sent within 30 days from the date of Aetna's first response letter.
- If additional time is needed to resolve the Appeal, Aetna will provide a written notification indicating that additional time is needed, explaining why such time is needed and setting a new date for a response. The additional time shall not be extended beyond another 30 days.

- In an emergency situation involving admission to or services from an acute care hospital, if the Covered Person's Physician, or the hospital, determines that the Covered Person faces a life–threatening or other serious Injury situation, they may submit a written request for an expedited review. A response shall be given to the provider within three hours of Aetna's receipt of the request and all necessary information. If a response is not provided within this time frame the request is considered approved.
- In all other urgent or emergency situations, the Appeal procedure may be initiated by a telephone call. A verbal response to the telephone call shall be given to the provider within two business days, provided that all necessary information is available. Written notice of the decision will be sent within two business days of Aetna's verbal response. If the Covered Person is dissatisfied with Aetna's response, the Appeal procedure outlined above may be utilized. Aetna's telephone number is on the Covered Person's ID Card.
- Aetna will keep the records of any complaint for three years.

If, after completing the Appeal procedure outlined above, the Covered Person, the Covered Person's Physician, or the hospital are still dissatisfied with Aetna's response, the Covered Person may appeal the decision to the Connecticut Insurance Department. You may also seek additional information on the web page for the applicable State Insurance Department or other agency regarding your rights, including how to obtain regulatory review of member concerns. The applicable internet address for the State Insurance Department for your Plan is: ***www.state.ct.us/cid***.

This must be done within 30 days of receipt of Aetna's final response.

Prescription Drug Claim Procedure

When obtaining a covered Prescription, please present your Chickering ID card to an Aetna Preferred Pharmacy. The Pharmacy will submit a claim to Aetna for the drug. If you fill your Prescription at a Non-Preferred Provider, you will need to pay in full at the time of service and file a claim with Aetna. Claim Forms, Pharmacy locations, and claims status information can be obtained by contacting Aetna Pharmacy Management at **(800) 238-6279**. Additionally, a listing of Pharmacy locations may be obtained by accessing the Internet at: ***www.chickering.com***, click on "Find Your School" and search by school name.

When you need to fill a Prescription and do not have your ID card with you, you may obtain your Prescription from an Aetna Preferred Pharmacy and be reimbursed by submitting a completed Aetna Prescription Drug claim form which can be obtained on Chickering's website at ***www.chickering.com***. You will be reimbursed for covered medications directly by Aetna. Please note you may be required to pay the difference between the retail price you paid for the drug and the amount Aetna would have paid if you had presented your ID card and the Pharmacy had billed Aetna directly. When submitting a claim, please include all Prescription receipts; indicate that you attend Connecticut State University; and include your name, address and student identification number.

General Information

Service Area

Service area means the geographic area, as determined by Aetna, in which Preferred Care Providers for the Plan are located. The service area for our Managed Care Organization is the entire state of Connecticut.

Utilization Review Determinations

During the 2005/2006 Academic Year, there was a total of 78 utilization review determinations not to certify an admission, service, procedure or extension of stay. There were ten denials.

Provider Network

A complete list of participating Providers, including the names, addresses and type of specialty, is provided in the Provider Directory. Information is also available by accessing Aetna's DocFind® Service via the internet at: ***www.chickering.com***, click on "Find Your School" and search by school name. Once at your University's webpage, click on the DocFind tab on the left of your screen.

Provider Reimbursement

Participating Providers are reimbursed on a discounted fee for service basis. Where the Covered Person is responsible for a Coinsurance payment based on a percentage of the bill, the Covered Person's obligation is to be determined on the basis of the charges established by contract, if any, rather than on the basis of the Provider's billed charges.

Non-Participating Providers providing covered services are compensated on a fee for service basis.

Aetna Pharmacy Management negotiates discounts from independent Pharmacies, chain Pharmacies, and mail order vendors who accept our reimbursement rates for dispensing and ingredient costs in return for volume business. Our negotiated discounts are passed in full to our Plan sponsors.

The reimbursement formula is based on Average Wholesale Price (AWP) less a negotiated discount, plus a dispensing fee. The dispensing fee is a contractual fee negotiated between Aetna Pharmacy Management and the Network Pharmacy. The negotiated rate self-renews each year, unless it is changed contractually.

Where the Covered Person is responsible for a Coinsurance payment based on a percentage of the bill, the member's obligation is to be determined on the basis of the charges established by contract, if any, rather than on the basis of the Provider's billed charges.

Pre-Authorization Requirements and Grievance Procedures

All inpatient admissions must be Pre-Certified by contacting Chickering Claims Administrators, Inc. Aetna Life Insurance Company evaluates and determines the appropriateness of medical care resources utilized by their Covered Persons. To accomplish these goals, Aetna Life Insurance Company has developed a comprehensive Patient Management Program. The population demographics of the membership and the program's results are reviewed to determine the need for changes. Regional medical directors in concert with local market medical directors review this information to initiate new program development or to enhance current programs. The Patient Management Program is reviewed annually.

Only Medical Directors make decisions denying coverage for services for reasons of Medical Necessity. All such Patient Management determinations are communicated both by telephone and in writing. Decisions on appeals are made in a timely manner, as required, by the urgency of the situation. Pre-Authorization decisions are made within two business days; emergent decisions are made immediately; concurrent decisions are made within one business day; and retrospective decisions are made within 30 days of the receipt of appropriate information. If subspecialty review is required, the Focused Review process takes approximately 10 business days. Procedures that must be performed within this time frame are excluded from the Pre-Certification requirement.

Coverage denial letters delineate any unmet criteria standards and guidelines, and inform the provider and Covered Person of the appeal process.

The actual components of the Aetna Patient Management Plan include the following and apply for all products:

- Inpatient Service Authorization
- Registration of Inpatient Services
- Inpatient Pre-Certification
- Concurrent Review
- Discharge Planning
- Care Management
- Retrospective Review

Medical Loss Ratio

The anticipated medical loss ratio, or percentage of total premium revenue that will be spent on medical care for student health coverage for the calendar year ending on **December 31, 2006**, is 77.5%.

Plan Ownership and For Profit Status

Aetna is incorporated in Connecticut and is owned by Aetna, Inc. Both Aetna Life Insurance Company and Aetna, Inc. are "for profit" organizations.

Information Phone Number

A toll-free number is available for Covered Person inquiries regarding coverage and benefits, claims grievance procedures, or complaint procedures. The toll-free number for Customer Services is **(877) 375-4244**.

Specialty Referral Procedures
In the PPO product, Covered Persons can access medical services directly without first visiting the Primary Physician.

Member Satisfaction
At this time, Aetna does not conduct an annual Covered Person survey. However, on **March 15, 1999**, the Insurance Commissioner of the State of Connecticut produced an annual consumer report card on the managed care organization. This report card is available from the Connecticut Department of Insurance.

Provider/Member Discussions
In its Provider contracts and as a matter of corporate Policy, Aetna does not prohibit Network Providers from discussing with their patients alternative treatment options and the method under which they are compensated. In fact, Aetna affirmatively encourages such discussions.

Confidentiality of Medical Records and Patient Information
Aetna has adopted a comprehensive insurance Privacy Policy based on the recommendations of the Federal Privacy Protection Study Commission. The following describes certain aspects of that Policy which will apply to you as a Covered Person in a Plan of student blanket insurance insured by Aetna. The Policy does not apply where a different approach is required by law.

Information Which May be Collected
Aetna, in providing insurance services to you, relies mainly on the information you give on your Enrollment Form and when you file claims.

Aetna may also collect information about you from other sources. This is information necessary for Aetna to perform its function with regard to the insurance transaction in question.

Disclosure of Information to Others
All of this information will be treated as confidential. It will not be disclosed to others without your authorization, except in some instances where such disclosure is necessary for the conduct of Aetna's business. Disclosure cannot be contrary to any law which applies.

The following sets forth the types of disclosure that may be made:

- Information may be made available to your School in connection with the claim and financial administration of the Plan. This includes Policyholder audits.
- Information may be disclosed to other insurers, if there may be duplicate coverage, or a need to preserve the continuity of your coverage.
- Information may be disclosed to peer review organizations, and other agencies, to determine whether health services were necessary and reasonably priced. In addition, information may be given to regulators of Aetna's business, and to others, as may be required by law. It may also be given to law enforcement authorities, when needed, to prevent or prosecute fraud or other illegal activities.

Your Right of Access and Correction

In general, you have a right to learn the nature and substance of any information Aetna has in its files about you. You may also have a right of access to such files, except information which relates to a claim or a civil or criminal proceeding, and to ask for correction, amendment, or deletion of personal information. This can be done in states which provide such rights and which grant immunity to insurers providing such access. If you request any health information, Aetna may elect to disclose details of the information you request to your (attending) Physician.

Accidental Death and Dismemberment Benefits

This insurance coverage provides Accidental Death and Dismemberment coverage underwritten by Unum Provident Life Insurance Company of America.

Benefits are payable for the Accidental Death and Dismemberment of the eligible insureds. When, because of Injury, you suffer any of the following losses within 90 days from the date of the Accident, we will pay as follows:

For Loss Of:	**Principle Sum**
Life	$5,000
Two Hands	$25,000
Two Feet	$25,000
Sight of two eyes	$25,000
One hand and one foot	$10,000
One hand and sight of one eye	$25,000
One foot and sight of one eye	$25,000
One hand or one foot or one eye	$10,000
Movement of Both Upper and Lower Limbs (Quadriplegia)	$50,000
Movement of both lower limbs (Paraplegia)	$25,000
Movement of both upper and lower limbs of one side of the body (Hemiplegia)	$25,000

Loss of hands and feet means the loss at or above the wrist or ankle joints. Loss of eyes means total irrecoverable loss of the entire sight. Only one of the amounts named above will be paid for Injuries resulting from any one accident. The amount so paid shall be the largest amount that applies.

This benefit will pay the appropriate portion of the Principal Sum if you sustain a loss of the type listed 90 days after suffering a bodily Injury due to a covered Accident. Such Injury must occur while you are: 1) practicing for; 2) engaging in; or 3) traveling to or from an official activity of the Policyholder as a participant of an officially recognized organization or department.

This provision does not cover the loss if it in any way results from or is caused or contributed:

1. By physical or mental illness; medical or surgical treatment except that results directly from a surgical operation made necessary solely by an Injury covered by this Plan;
2. By an infection, unless it is caused solely and independently by a covered Accident;
3. Participation in a felony. Participation means to take part or to have share in something.
4. For loss caused by your voluntary use of a controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless prescribed by a doctor.

To file a claim for Accidental Death and Dismemberment, please contact Chickering Claims Administrators, Inc. at **(877) 375-4244** for the appropriate claim forms.

Worldwide Emergency Travel Assistance Services

These services are designed to protect Connecticut State University students when traveling more than 100 miles from home anywhere in the world. Medical Repatriation and Return of Mortal Remains services are also available at the participant's campus location.

If you experience a medical emergency while traveling more than 100 miles from home or campus, you have access to a comprehensive group of emergency assistance services provided by Assist America, Inc.

Eligible participants have immediate access to doctors, hospitals, Pharmacies, and other services when faced with an emergency while traveling. The Assist America Operations Center can be reached 24 hours a day, 365 days a year to provide services including: medical consultation and evaluation; medical referrals; foreign hospital admission guarantee; Prescription assistance; lost luggage assistance; legal and interpreter assistance; and travel information such as Visa and passport requirements, travel advisories, etc.

Medical Evacuation and Return of Mortal Remains Services

In the event that a participant becomes Injured and adequate medical facilities are not available locally, Assist America will use whatever mode of transport, equipment and personnel necessary to evacuate you to the nearest facility capable of providing required care. In the event of death of a participant, Assist America will render every possible assistance in return of mortal remains including locating a sending funeral home, preparing the deceased for transport, procuring required documentation, providing necessary shipping container, as well as paying for transport. **Please note:** Any third party expenses incurred are the responsibility of the participant.

An Assist America ID card will be supplied to you once you enroll in The Chickering Student Health Insurance Plan. Please remember to carry your Assist America card and call toll-free within the U.S. at **(800) 872-1414** or outside the U.S. call collect **(dial U.S. access code) plus (301) 656-4152** in the event of an emergency when you are traveling. With one phone call, you will be connected to a global network of over 600,000 pre-qualified medical Providers. Assist America Operations Centers have worldwide assistance capabilities and are known throughout the world as a premier Emergency Assistance Services provider.

NOTE: Assist America pays for all Assistance Services it provides. All Assistance Services must be arranged and provided by Assist America. Assist America does not reimburse for services not provided by Assist America.

The Assist America program meets and exceeds the requirements of USIA for International Students & Scholars.

Emergency Travel Assistance Services are administered by Assist America, Inc.

Important

Please keep this Brochure, as it provides a general summary of your coverage. A complete description of the benefits, and full terms and conditions, may be found in the Master Policy. If any discrepancy exists between this Brochure and the Policy, the Master Policy will govern and control the payment of benefits.

This student Plan fulfills the definition of creditable coverage explained in the Health Insurance Portability and Accountability Act (HIPAA) of 1996. At any time should you wish to receive a certification of coverage, please call the Customer Service number on your ID card.

Offered by:

The Chickering Group℠
An Aetna Company

Chickering Benefit Planning Insurance Agency, Inc.
1 Charles Park
Cambridge, MA 02142

Administered by:
Chickering Claims Administrators, Inc.
P.O. Box 15708
Boston, MA 02215-0014
(877) 375-4244
www.chickering.com

Underwritten by:

Aetna®

Aetna Life Insurance Company (ALIC)
151 Farmington Ave.
Hartford, CT 06156

The Chickering Group is an internal business unit of Aetna Life Insurance Company.

NOTICE

Aetna considers non-public personal Covered Person information confidential and has policies and procedures in place to protect the information against unlawful use and disclosure. When necessary for your care or treatment, the operation of your health Plan, or other related activities, we use personal information internally, share it with our affiliates, and disclose it to health care providers (doctors, dentists, Pharmacies, hospitals and other caregivers), vendors, consultants, government authorities, and their respective agents. These parties are required to keep personal information confidential as provided by applicable law. Participating Network/Preferred Providers are also required to give you access to your medical records within a reasonable amount of time after you make a request. By enrolling in the Plan, you permit us to use and disclose this information as described above on behalf of yourself and your dependents. To obtain a copy of our Notice of Privacy Practices describing in greater detail our practices concerning use and disclosure of personal information, please call the toll-free Customer Services number on your ID card or visit Chickering's Student Connection Link on the Internet at ***www.chickering.com***.

CSUS-0315
Addendum #2
December 27, 2007

Brochure 9
Domestic Student 2007-2008

2007 - 2008

Student Accident and Sickness Insurance Plan
Domestic Student Plan Brochure

Central Connecticut State University
Eastern Connecticut State University
Southern Connecticut State University
Western Connecticut State University

Herein called

Connecticut State University System

Offered by:
Chickering Benefit Planning Insurance Agency, Inc.
Administered by:
Chickering Claims Administrators, Inc.
Underwritten by:
Aetna Life Insurance Company (ALIC)

Table of Contents

The Connecticut State University System
Student Accident and Sickness Insurance Plan

The Connecticut State University System (CSUS) Student Accident and Sickness Insurance Plan has been developed especially for matriculated students attending CSUS universities. The Plan provides coverage for illnesses and Injuries that occur on and off campus and includes special cost-saving features to keep the coverage as affordable as possible. Connecticut State University System is pleased to offer this Plan as described in this Brochure.

Where To Find Help

Got Questions? Get Answers with Chickering's Aetna Navigator™

As a Chickering Student Accident and Sickness Insurance Plan member, you have access to Aetna Navigator™, your secure member website, packed with personalized benefits and health information. You can take full advantage of our interactive website to complete a variety of self-service transactions online.

By logging into Chickering's Aetna Navigator, you can:

- Review who is covered under your plan.
- Request member ID cards.
- View Claim Explanation of Benefits (EOB) statements.
- Estimate the cost of common health care services and procedures to better plan your expenses.
- Research the price of a drug and learn if there are alternatives.
- Find health care professionals and facilities that participate in your plan.
- Send an e-mail to Chickering Customer Service at your convenience.
- View the latest health information and news, and more!

How do I register?

- Go to ***www.chickering.com***
- Click on "Find Your School"
- Enter your school name and then click on "Search"
- Click on Aetna Navigator and then the "Access Navigator" link
- Follow the instructions for First Time User by clicking on the "Register Now" link
- Select a user name, password and security phrase

Your registration is now complete, and you can begin accessing your personalized information!

Need Help With Registering onto Aetna Navigator?

Registration assistance is available toll free, Monday through Friday, from 7 a.m. to 9 p.m. Eastern Time at **(800) 225-3375**.

For Questions About:

- Enrollment
- Insurance Benefits
- Claims Processing
- Inpatient Admission Pre-Certification

Please contact:
Chickering Claims Administrators, Inc.
P.O. Box 15708
Boston, MA 02215-0014
(877) 375-4244

For Questions About ID Cards:

ID cards will be issued as soon as possible. If you need medical attention before the ID card is received, benefits will be payable in accordance with the Policy. **You do not need an ID card to be eligible to receive benefits.**

Note: Please be advised you will receive a unique Aetna member ID number on your membership card.

For lost ID cards, please contact:
Chickering Claims Administrators, Inc.
(877) 375-4244
or visit ***www.chickering.com***, click on "Find Your School" and search by school name. Click on the Help Center button on the left of your screen or the Navigator button to print a temporary ID card or request a new card.

For Questions About:

- Status of Pharmacy Claim
- Pharmacy Claim Forms
- Excluded Drugs and Pre-Authorization

Please contact:
Aetna Pharmacy Management
(800) 238-6279 (Available 24 hours)

For Provider Listings (Including a list of Preferred Care Pharmacies):

For a complete list of Providers you can use Aetna's DocFind® Service at: ***www.chickering.com***. Click on "Find Your School" and search by school name. Click on the DocFind button on the left side of your screen to search for Preferred Pharmacies.

Worldwide Web Access:

- The Chickering Group: ***www.chickering.com***

Connecticut State University System Student Accident and Sickness Insurance Plan

This is a brief description of the Full-Time Accident Insurance Plan and the Full-Time Sickness Insurance Plan benefits available for matriculated full-time domestic students attending CSUS universities. The Plan is underwritten by Aetna Life Insurance Company (Aetna). The exact provisions governing this insurance are contained in the Master Policy. Call Chickering Claims Administrators, Inc. at **(877) 375-4244** for additional information. The Plan is administered by Chickering Claims Administrators, Inc., P.O. Box 15708, Boston, MA 02215-0014.

Policy Period

Students

Coverage under the Connecticut State University System Student Accident and Sickness Insurance Plan is effective:

Annual Period: 12:01 a.m. on **August 1, 2007** through 12:01 a.m. on **August 1, 2008**.

Fall Semester: 12:01 a.m. on **August 1, 2007** through 12:01 a.m. on **January 14, 2008**.

Spring Semester: 12:01 a.m. on **January 14, 2008** through 12:01 a.m. on **August 1, 2008**.

Domestic Student Premium Rates

Matriculated Full-Time	Annual	Fall	Spring
Full-Time Student Sickness Insurance Plan	$ 718.00	$359.00	$359.00
Spouse Accident & Sickness Insurance Plan	$1,220.00	$610.00	$610.00
Children Accident & Sickness Insurance Plan	$ 723.00	$362.00	$361.00

Premium Refund Policy

Except for medical withdrawal due to a covered Accident or Sickness, any student withdrawing from school during the first 31 days of the period for which coverage is purchased shall not be covered under the Policy and a full refund of the premium will be made.

Please Note: The eligibility requirements defined in this Brochure must be met and maintained throughout the Policy Year. Refunds will not be granted after the first 31 calendar days of the semester unless it is determined that you do not meet the eligibility criteria defined by the University in conjunction with The Chickering Group. The Chickering Group in conjunction with the Connecticut State University System maintains the right to investigate student status and attendance records to verify that Policy eligibility requirements have been met. If we discover that Policy eligibility requirements have not been met, our only obligation is a refund of premium. Eligibility requirements must be met each time a premium is paid to continue coverage under the Plan.

Audited or television (TV) courses do not fulfill the eligibility requirements that states the covered student actively attends classes. If the eligibility requirements are not met, Aetna's only obligation is to refund the premium.

A Covered Person entering the armed forces of any country will not be covered under the Policy as of the date of such entry. A pro-rata refund of premium will be made for such person, and any covered dependents upon written request received by Chickering Claims Administrators, Inc. within 90 days of withdrawal from school.

Student Eligibility Requirements

Full-Time Domestic Students – Accident Insurance Plan

All full-time registered domestic students enrolled at a CSUS university are automatically enrolled in the Full-Time Accident Insurance Plan as part of the University General Fee. You are covered 24 hours a day on and off campus.

Full-Time Domestic Students – Sickness Insurance Plan

All full-time domestic students enrolled at a CSUS university are required to participate in this Plan, unless you can provide proof of comparable coverage by submitting a Waiver by the published deadline dates. Any Waivers received after the published deadline will not be accepted. Failure to complete the online Waiver process, within the University's specified Waiver period, will result in an annual premium of $718 (for the Sickness Plan) added to your tuition bill.

If you do not have online access, please contact or go to the bursar's office for assistance.

Part-Time Domestic Students – Accident and Sickness Insurance Plan

All matriculated part-time students are eligible to enroll in the Accident and Sickness Insurance Plan on a voluntary basis. Matriculated means that the student has been accepted to an accredited degree-seeking program. We maintain the right to investigate student status and attendance records to verify that Policy eligibility requirements have been met. If we discover that Policy eligibility requirements have not been met, our only obligation is a refund of premium. Eligibility requirements must be met each time a premium is paid to continue coverage.

Dependent Coverage

If you are enrolled in the Student Accident and Sickness Insurance Plan you may also enroll your dependent children (up to age 19) or spouse who reside with you.

Newborn Infant Coverage and Adopted Child Coverage

A child born to a Covered Person shall be covered for Accident, Sickness and congenital defects for 31 days from the date of birth. At the end of this 31-day period, coverage will cease under the Connecticut State University System Student Accident and Sickness Insurance Plan. To continue coverage you must complete and return the Dependent Enrollment Form to the Chickering Group.

Enrollment Waiver Deadline Dates

If you are eligible for coverage due to loss of other comparable coverage, and wish to join the Plan after the Enrollment/Waiver deadlines, you must present documentation from your former insurance company that is no longer providing you with health insurance. Your effective date under this Plan will be the date the former insurance expired, if you make the request for coverage within 31 days after it expires. Please contact The Chickering Group who will inform you of your premium payment.

Pre-Existing Condition/Continuously Insured Provisions (Part-Time Students Only)

Pre-Existing Conditions

The definition of a Pre-Existing Condition is any Injury, Sickness, or condition that was diagnosed or treated, or would have caused a person to seek diagnosis or treatment within six months prior to the Covered Person's effective date of insurance under this Plan. The limitation will not apply if:

1. The covered person has been on the Connecticut State University System Policy for more than 12 months; or
2. The individual seeking coverage under this Policy was previously covered under prior Creditable Coverage which was continuous to a date not less than 120 days prior to the effective date of coverage under this Policy. (**Note:** 150 days prior to the effective date of coverage under this Policy if prior Creditable Coverage terminated due to an involuntary loss of employment).

Limitations

Expenses incurred by a Covered Person as a result of a Pre-Existing Condition will not be considered Covered Medical Expenses unless no charges are incurred or treatment rendered for the condition for a period of six months while covered under the Policy, or the Covered Person has been covered under the Policy for 12 consecutive months, whichever is less.

Routine follow-up care to determine whether a breast cancer has reoccurred in a Covered Person who has been previously determined to be breast cancer free shall not be considered as medical advice, diagnosis, care or treatment unless evidence of breast cancer is found during or as a result of such follow-up. Genetic information shall not be treated as a condition related to such information. Pregnancy shall not be considered a Pre-Existing Condition.

Please Note: The Pre-Existing limitation only applies to part-time students.

Special Rules as to a Pre-Existing Condition

If a Covered Person has creditable coverage and such coverage ceased within 120 days prior to the date they enrolled in the Policy, then any limitation as to a Pre-Existing Condition under the Policy will apply for that Covered Person only to the extent that such limitation would have applied under the prior creditable coverage.

"Creditable coverage" is a person's prior medical coverage as defined in the Health Insurance Portability and Accountability Act (HIPAA). Such coverage includes coverage issued on a group or individual basis; Medicare; Medicaid; military-sponsored health care; a program of the Indian Health Service; a state health benefits risk pool; the Federal Employee's Health Benefit Plan (FEHBP); a public health plan as defined in the regulations; and any health benefit plan under Section 5(e) of the Peace Corps Act.

Continuously Insured

Persons who have remained continuously insured under the Policy and other prior health insurance policies will be covered for any Pre-Existing Condition that manifests itself while continuously insured, except for expenses payable under prior policies in the absence of the Policy. Previously Covered Persons must re-enroll for coverage by the indicated enrollment deadlines in order to avoid a break in coverage for conditions that existed in the prior Policy Year. Once a break in continuous coverage occurs, the definition of Pre-Existing Conditions will apply.

University Health and Counseling Services

As a full-time student, you are entitled to receive care at the University Health and Counseling Services. This Student Accident and Sickness Insurance Plan provides benefits to help cover costs for care that cannot be provided or treated by the University Health and Counseling Services.

It is strongly suggested that the student seek care at their University Health and Counseling Services rather than obtaining health services from outside sources whenever possible.

University Health and Counseling Services are not available to the Student's Spouse or Dependent Children.

Preferred Provider Network

The Chickering Group has arranged for you to access a national network. Acute care facilities and mental health networks are also available nationally if you require treatment or hospitalization outside the immediate area of the CSUS universities.

The Connecticut State University System Student Accident and Sickness Insurance Plan for the 2007-2008 Policy Year has a Preferred Provider Network through Aetna. It is to your advantage to use a Preferred Provider because significant savings can be achieved from the substantially lower rates these providers have agreed to accept as payment for their services. Preferred Providers are independent contractors and are neither employees nor agents of the Connecticut State University System, Chickering Claims Administrators, Inc., or Aetna. You may obtain a complete listing of Preferred Providers by contacting Chickering Claims Administrators, Inc. at **(877) 375-4244** or by accessing Aetna's DocFind® Service at: ***www.chickering.com***. Click on "Find Your School" and search by school name.

Inpatient Admission Pre-Certification Program

Pre-Admission Certification is required for all inpatient admissions, including length of stay and must be certified by contacting Chickering Claims Administrators, Inc.

Pre-Certification does not guarantee the payment of benefits for your inpatient admission. Each claim is subject to medical Policy review, in accordance with the exclusions and limitations contained in the Policy, as well as a review of eligibility, adherence to notification guidelines, and benefit coverage under the Student Accident and Sickness Insurance Plan.

Pre-Certification of Non-Emergency Inpatient Admissions

The patient, Physician, or hospital must telephone at least three business days prior to the planned admission.

Notification of Emergency Admissions

The patient, patient's representative, Physician, or hospital must telephone within one business day following admission.

The above Pre-Certification provision will not operate to deny benefits for Medically Necessary inpatient hospital confinements. This includes such confinements for mental and nervous disorders, biologically based mental illnesses, and substance abuse for which coverage is required by the State of Connecticut.

Chickering Claims Administrators, Inc.
Attention: Managed Care Dept.
P.O. Box 15708
Boston, MA 02215-0014
(877) 375-4244

Description of Benefits

In order to maximize your savings and to reduce out-of-pocket expenses, select a Preferred Provider from the list of Physicians on the Insurance Plan to serve as your primary care Physician. It is to your advantage to use a Preferred Provider because significant savings can be achieved from the substantially lower rates these Providers have agreed to accept as payment for their services. Non-Preferred Care is subject to the Reasonable Charge allowance maximums. It is strongly suggested that you use the campus health service for your medical or mental health services whenever possible, since they are cost effective and convenient.

You may obtain a complete listing of Preferred Providers by contacting Chickering Claims Administrators, Inc. at **(877) 375-4244** or by accessing Aetna's DocFind® Service at: ***www.chickering.com***. Click on "Find Your School," enter school name and click on the DocFind button on the left of your screen.

This Plan always pays benefits in accordance with any applicable Connecticut Insurance Law(s).

In addition to the Plan's Aggregate Maximum the Policy may contain benefit level maximums. Please review the Summary of Benefits section of this Brochure for any additional benefit level maximums.

Summary of Benefits Chart

The following chart shows a summary of the benefits coverage for domestic students. The following benefits are subject to the imposition of Policy limits and exclusions.

Mandatory Accident Benefits	
Aggregate Plan Maximum	**$25,000** per Accident per Policy Year.
Accident Expenses Benefit	When an Injury occurs and requires: (a) treatment by a doctor/surgeon; (b) hospital confinement; (c) services of a licensed nurse practitioner or RN; (d) X-ray services; (e) use of operating room, anesthesia, laboratory services; (f) prescribed medicines, plaster casts, surgical dressings; or (g) use of an ambulance; covered expenses are payable as follows when the expense is incurred within 104 weeks from the date of the Accident: ***Preferred Care:*** 100% of the Negotiated Charge. ***Non-Preferred Care:*** 90% of the Reasonable Charge.
Emergency Treatment for Accidental Ingestions of Controlled Drugs	Covered Medical Expenses are payable as follows: ***Outpatient:*** As any other Accident up to a maximum of **$500** per Policy Year. ***Inpatient:*** Covered Medical Expenses for the emergency treatment of Accidental Ingestion of Controlled Drugs while confined as an inpatient in a hospital or facility licensed for such treatment are payable on the same basis as for any other Accident. Treatment is limited to a maximum of 30 days per Policy Year.
Accidental Dental Expenses	Covered Medical Expenses are payable up to a maximum of **$2,500** per Injury for the treatment of an Injury to sound, natural teeth.
Official Travel Accident Expenses	Covered Medical Expenses are payable up to a maximum of **$1,000** per Injury for the treatment of an Injury resulting while traveling to or from an official school activity.

Benefits under the Accident Insurance Plan are paid on an excess basis. This means no expense is covered if it would be covered by another health care plan in the absence of this insurance. The Accident Plan supplements, not replaces, other health care coverage.

Sickness Expense Benefits	
Aggregate Plan Maximum	**$25,000** per Sickness per Policy Year.
Preferred Care	100% of the Negotiated Charge when the expense is incurred within 52 weeks of the onset of the Sickness unless stated otherwise.
Non-Preferred Care	90% of the Reasonable Charge when the expense is incurred within 52 weeks of the onset of the Sickness unless stated otherwise.
Inpatient Hospitalization Benefits	
Hospital Room and Board Expenses	Covered Medical Expenses are payable up to a maximum of **$500** per day for a semi-private room rate for an overnight stay.
Intensive Care Unit Expenses	Covered Medical Expenses are payable up to a maximum of **$1,000** per day for an overnight stay.
Miscellaneous Hospital Expenses	Covered Medical Expenses are payable up to a maximum of **$700** per hospital confinement. Once charges exceed **$700** benefits are payable as follows: ***Preferred Care:*** 80% of the Negotiated Charge. ***Non-Preferred Care:*** 80% of the Reasonable Charge. Covered Medical Expenses include, but are not limited to: laboratory tests, X-rays, anesthesia, use of special equipment, medicines and use of operating room.
Physician's Hospital Visit Expenses	Covered Medical Expenses for charges for the non-surgical services of the attending Physician or a consulting Physician are payable up to **$75** for the first visit and **$60** for each visit thereafter up to a maximum of **$1,300** per Sickness.
Licensed Nurse Expenses	Covered Medical Expenses for services for full-time nursing care by a registered nurse (RN) while confined to a hospital and when recommended by a doctor, up to **$60** per eight hour shift, up to a maximum of **$1,800** per Sickness.
Surgical Benefits (Inpatient and Outpatient)	
All Covered Medical Expenses in this section are subject to a **$3,000** per Sickness benefit maximum.	
Surgical Expenses	Covered Medical Expenses for charges for surgical services performed by a Physician.
Anesthetist Expenses and Assistant Surgeon Expenses	Covered Medical Expenses for the charges of an anesthetist and an assistant surgeon during a surgical procedure for surgical services performed during a surgical operation are payable as follows: ***Preferred Care:*** 80% of the Surgical Allowance. ***Non-Preferred Care:*** 80% of the Surgical Allowance.

Outpatient Benefits	
All Covered Medical Expenses for Outpatient services are payable up to a maximum of **$1,500** for each covered Sickness unless otherwise stated. Covered Medical Expenses include, but are not limited to: Physician's office visits, hospital or outpatient department or emergency room visits, durable medical equipment, physical therapy, clinical lab, radiological facility or other similar facility licensed by the state.	
Physician's Office Visit Expenses	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge after a **$10** Copay per visit. ***Non-Preferred Care:*** 90% of the Reasonable Charge after a **$10** Deductible per Sickness.
Emergency Care Expenses	Covered Medical Expenses for treatment of an Emergency Medical Condition are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge after a **$10** Copay per visit. ***Non-Preferred Care:*** 90% of the Reasonable Charge after a **$10** Deductible per Sickness.
Lab and X-ray Expenses *(Non-Hospital)*	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge after a **$10** Copay per visit. ***Non-Preferred Care:*** 90% of the Reasonable Charge after a **$10** Deductible per Sickness.
Mental Health and Substance Abuse Benefits	
Inpatient Expenses – Mental or Emotional Illness or Disorder	Covered Medical Expenses for the treatment of a mental health condition while confined as an inpatient in a hospital or facility licensed for such treatment are payable on the same basis as for any other Sickness. Covered Medical Expenses also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis by contacting Chickering Claims Administrators, Inc. When approved, benefits will be payable in place of an inpatient admission, whereby two days of partial hospitalization may be exchanged for one day of full hospitalization.
Outpatient Expenses – Mental or Emotional Illness or Disorder	Covered Medical Expenses for the care or treatment of a mental health condition by a licensed or accredited health service organization or hospital or by a licensed practitioner are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge after a **$10** Copay per visit. ***Non-Preferred Care:*** 90% of the Reasonable Charge after a **$10** Deductible per Sickness. Benefits are payable up to a maximum of **$2,000** per Sickness per Policy Year.

Mental Health and Substance Abuse Benefits (continued)	
Inpatient Expenses – Alcohol and Substance Abuse	Covered Medical Expenses for the treatment of alcohol/substance abuse while confined as an inpatient in a hospital or facility licensed for such treatment are payable on the same basis as for any other Sickness. Covered Medical Expenses also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis by contacting Chickering Claims Administrators, Inc. When approved, benefits will be payable in place of an inpatient admission, whereby two days of partial hospitalization may be exchanged for one day of full hospitalization.
Outpatient Expenses – Alcohol and Substance Abuse	Covered Medical Expenses for the care or treatment of alcohol/substance abuse by a licensed or accredited health service organization or hospital or by a fully licensed practitioner are payable on the same basis as for any other Sickness.
Other Benefits	
Ambulance Expenses	Covered Medical Expenses are payable at 100% of the Reasonable Charge to a maximum set by the Department of Public Health in accordance with Connecticut General Statutes section 19a-177 when required due to the emergency nature of a covered Sickness.
Dental Expenses	Covered Medical Expenses are payable on the same basis as any other surgical expense for the removal of impacted wisdom teeth up to a maximum of **$3,000** per Sickness.
High Cost Procedure Expenses *(Diagnostic Allowance includes MRI, CAT Scan, Echocardiogram, etc.)*	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 80% of the Negotiated Charge. ***Non-Preferred Care:*** 80% of the Reasonable Charge. Covered Medical Expenses are subject to a **$1,500** benefit maximum per covered illness.
Prescription Drug Expenses	Covered Medical Expenses for outpatient Prescription Drugs associated with a covered Sickness or covered Accident occurring during the Policy Year, are payable as follows: ***Preferred Care:*** 100% of Negotiated Rate. ***Non-Preferred Care:*** 90% of Reasonable Charge for each Prescription Drug dispensed at a Non-Participating Pharmacy. **Please note:** You are required to pay in full at the time of service for all Prescriptions dispensed at a Non-Participating Pharmacy. Covered Medical Expenses are payable up to a maximum of **$2,000** per Policy Year.

Other Benefits (continued)	
Prescription Drug Expenses *(continued)*	Medications not covered by this benefit include, but are not limited to: allergy sera, drugs whose sole purpose is to promote or to stimulate hair growth, appetite suppressants, smoking deterrents, immunization agents and vaccines, and non-self injectables. Coverage for the following state mandated benefits will be covered on the same basis as any other benefit covered by this Plan unless otherwise indicated.
Women's Health Benefit Expenses *(No Referral Required)*	Covered Medical Expenses include expenses for an annual Pap smear on the same basis as any outpatient expenses for women age 18 and older. If follow-up diagnostic Pap smears are Medically Necessary, they will be covered on the same basis as any other outpatient expense.

Mammogram Expenses *(No Referral Required)*	Covered Medical Expenses are payable on the same basis as any other expense. Coverage is provided for:
	• one or more mammograms a year, as recommended by a doctor, for any woman who is at risk for breast cancer. For purposes of this benefit, "at risk" means:
	  • the woman has a personal history of breast cancer;
	  • the woman has a personal history of biopsy-proven benign breast disease; or
	  • the woman's mother, sister, or daughter has or has had breast cancer;
	• a baseline mammogram for a woman aged 35 to 40 years; and,
	• an annual mammogram for a woman aged 40 or older, or more frequently if recommended by the woman's Physician;
	• comprehensive ultrasound screening of an entire breast or breasts if such screening is recommended by a Physician for a woman classified as a category 2, 3, 4 or 5 under the Breast Imaging Reporting and Data System established by the American College of Radiology.
	
	A comprehensive ultrasound screening of an entire breast or breasts if: (1) a mammogram demonstrates heterogeneous or dense breast tissue based on the American College of Radiology's Breast Imaging Reporting and Data System (BI-RADS); or (2) a woman is believed to be at risk for breast cancer due to family history or prior personal history of breast cancer, positive genetic testing or other indications as determined by a woman's Physician or advanced practice registered nurse.

Early Intervention Expenses	Medically Necessary early intervention services for a Dependent child from birth until the child's third birthday, up to a maximum benefit of **$3,200** per year and an aggregate benefit of **$9,600** over the total three-year period. No payment made under this benefit shall be applied against the Aggregate Maximum amount.

Other Benefits (continued)	
Maternity Expenses *(No Referral Required)*	Covered Medical Expenses for pregnancy, childbirth, and complications of pregnancy are payable on the same basis as any other Sickness. In the event of an inpatient confinement, such benefits would be payable for inpatient care of the Covered Person, and any newborn child, for a minimum of 48 hours after a vaginal delivery and for a minimum of 96 hours after a cesarean delivery. Any decision to shorten such minimum coverages shall be made by the attending Physician in consultation with the mother and done in accordance with the rules and regulations promulgated by the Department of Public Health. In such cases, Covered Medical Expenses may include home visits, parent education, and assistance and training in breast or bottle feeding.
Tumor and Leukemia Expenses	Surgical removal of tumors and treatment of leukemia, including outpatient chemotherapy, reconstructive surgery, cost of any non-dental prosthesis including maxillo-facial prosthesis used to replace anatomic structures lost during treatment for head and neck tumors or additional appliances essential for the support of such prosthesis, and outpatient chemotherapy following surgical procedure in connection with the treatment of tumors. Such benefits shall be subject to the same terms and conditions applicable to all other benefits under this Plan. We will pay a Policy Year benefit of (1) **$1,000** for the removal of any breast implant; (2) **$700** for the surgical removal of tumors; (3) **$700** for reconstructive surgery; (4) **$700** for outpatient chemotherapy; and (5) **$700** for prosthesis, except that for the purposes of the surgical removal of breast due to tumors, the Policy Year benefit for prosthesis shall be at least **$350** for each breast.
Home Health Care Expenses	Expenses for covered home health aide service in lieu of hospitalization, except if diagnosed by a doctor as terminally ill with a prognosis of six months or less to live. Covered Medical Expenses are payable as described below if expenses are incurred within the first 12 months from the date of the first home health care visit. A **$50** annual Deductible applies. ***Preferred Care:*** 75% of the Negotiated Charge. ***Non-Preferred Care:*** 75% of the Reasonable Charge. Covered Medical Expenses are payable up to a maximum of 80 visits per Policy Year. Four hours of home health aide services shall be considered one home health care visit. Covered Medical Expenses include, but are not limited to: 1) Part-time nursing care by or supervised by a registered nurse (RN); 2) Part-time home health aide service which consists mainly of caring for the patient;

Other Benefits (continued)	
Home Health Care Expenses *(continued)*	3) Physical, occupational, or speech therapy; 4) Medical supplies, drugs, medicines, and lab tests prescribed by a Physician; 5) Each four hours of home health aide will count as one visit. In the case of a terminally ill Covered Person, no more than **$200** for medical social services for any 12-month period will be paid for covered services.
Diabetic Treatment and Supplies Expenses *(Please Note: Insulin, syringes, and diabetic testing supplies are covered under the Prescription Drug portion of the Plan)*	Covered Medical Expenses incurred for diabetic treatment, other than those provided under the Prescription Drug portion of the Plan, are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge. ***Non-Preferred Care:*** 90% of the Reasonable Charge.
Craniofacial Disorders Expenses	Covered Medical Expenses include charges incurred for orthopedic processes and appliances for treatment of craniofacial disorders for Covered Persons age 18 or younger. Covered Medical Expenses are payable on the same basis as any other expense.
Lyme Disease Treatment Expenses	Covered Medical Expenses include not less than 30 days of intravenous antibiotic therapy, 60 days of oral antibiotic therapy, or both, and further treatment if recommended by a rheumatologist, infectious disease specialist or neurologist.
Hearing Aids for Children Expenses	Covered Medical Expenses include hearing aids for children 12 years of age and younger up to **$1,000** in a 24-month period.
Prostate Cancer Screening Expenses	Covered Medical Expenses include, but are not limited to, prostate specific antigen (PSA) tests, to screen for prostate cancer for men who are symptomatic, whose biological father or brother have been diagnosed with prostate cancer, and for all men aged 50 and older. Covered Medical Expenses are payable on the same basis as any other expense.
Colorectal Cancer Screening Expenses	Covered Medical Expenses include charges incurred by a Covered Person who is non-symptomatic and age 50 or more or who is symptomatic and under age 50 for colorectal cancer examination and for the following tests: • One fecal occult blood test every 12 consecutive months; • A sigmoidoscopy at age 50 and every three years thereafter; • One digital rectal exam every 12 consecutive months; • A double contrast barium enema every five years; and, • A colonoscopy every 10 years. Covered Medical Expenses are payable on the same basis as any expense.

Other Benefits (continued)	
Prescription Contraceptive Medical Expenses	Covered Medical Expenses are payable on the same basis as any expense. Covered Medical Expenses also include any expenses incurred for office visits in conjunction with the administration of a covered Prescription contraceptive. Coverage of oral contraceptives, Lunelle, Depo-Provera, Patch and Ring are provided under the separate Prescription Drug Benefit portion of the Plan.
Cancer Routine Care Expenses	Covered Medical Expenses include routine patient care costs associated with cancer clinical trials.
Preventative Pediatric Care Expenses	Benefits will be provided for periodic reviews every two months between birth to six months, every three months between nine to 18 months, and then annually from two to six years. Services must be provided by or under the supervision of a single Physician during the course of a visit. Preventative Pediatric Care means the periodic review of a Dependent child's physical and emotional health from birth through six years of age by or under the supervision of a Physician. Periodic reviews shall include a medical history, complete physical examination, developmental assessment, anticipatory guidance, appropriate immunizations and laboratory tests in keeping with prevailing medical standards.
Chiropractic Care Expenses	Covered Medical Expenses will be payable for services rendered by a licensed chiropractor, to the same extent coverage is provided for services rendered by a Physician, if such chiropractic services (1) treat a condition covered under this Plan and (2) are within those services a chiropractor is licensed to perform. Payable as any other Physician benefit.
Hypodermic Needles or Syringes Expenses	Physician prescribed hypodermic needles or syringes for the purpose of administering medications for medical conditions, provided such medications are covered under this Plan.
Inherited Metabolic Disease Expenses	Covered Medical Expenses include therapeutic treatment of Inherited Metabolic Disease, including the purchase of amino acid modified preparations and Low Protein Modified Food Products, when prescribed by and administered under the direction of a Physician payable on the same basis as any other Sickness. Inherited Metabolic Disease means a disease for which newborn screening is required under Connecticut law and is caused by an inherited abnormality of body chemistry. Low Protein Modified Food Product means a product formulated to have less than one gram of protein per serving and intended for the dietary treatment of an Inherited Metabolic Disease under the direction of a Physician.

Other Benefits (continued)	
Mastectomy, Reconstructive Breast Surgery or Lymph Node Dissection Expenses	Covered Medical Expenses for such surgery will be paid under the Surgery Benefits. Coverage will be provided for at least 48 hours of inpatient care following a mastectomy or lymph node surgery. Coverage will be provided for longer periods of inpatient care if it is recommended by the patient's treating Physician after conferring with the patient. We will also provide benefits for the reasonable costs of reconstructive surgery on each breast on which a mastectomy has been performed, and reconstructive surgery on a non-diseased breast to produce a symmetrical appearance. This benefit is subject to the same terms and conditions applicable to all other benefits under this Policy.
Occupational Therapy Expenses	Covered Medical Expenses will be considered at 80% of the Reasonable Charges for expenses incurred for occupational therapy received by a Covered Person as the result of a covered Accident.
Ostomy Appliances and Supplies Expenses	Covered Medical Expenses incurred by a Covered Person which are Medically Necessary expenses for surgical treatments that end in the phrase "ostomy" as defined in Connecticut law. Reimbursement will be made for the Ostomy Appliances and Supplies up to a maximum benefit of **$1,000** per condition. Under Connecticut law, Ostomy Appliances and Supplies include, but are not limited to, collection devices, irrigation equipment and supplies, skin barriers and skin protectors.
Pain Management Benefit Expenses	Covered Medical Expenses include the expenses incurred by a Covered Person for treatment by or under the management of a pain management specialist. This includes expenses incurred for pain treatment ordered by such specialist. Such treatment may include all means necessary to make a diagnosis and develop a treatment plan including the use of necessary medications and procedures.
Anesthesia and In-hospital Dental Services Expenses	Covered Medical Expenses incurred for Medically Necessary in or out patient treatment or one day dental treatment for a Covered Person who is determined by a licensed dentist, in conjunction with a Physician, to have a dental condition of significant dental complexity that it requires certain dental procedures to be performed in a hospital or has a developmental delay disability if a Physician determines Medically Necessary.
Specialized Formula Expenses	When Medically Necessary for children up to age three for the treatment of a disease or condition and administered under the direction of a Physician as specified in Public Act 01-101.
Neuropsychological Testing for Children with Cancer Expenses *(Prior authorization is not required)*	Covered Medical Expenses include neuropsychological testing ordered by a Physician to assess the extent chemotherapy or radiation treatment has caused a child to have cognitive or developmental delays. Coverage is applicable to Covered Dependent children diagnosed with cancer on or after 1/1/2000 and is payable as any other illness.

Other Benefits (continued)	
Infertility Expenses	Covered Medical Expenses include Medically Necessary expenses of the diagnosis and treatment of infertility, including but not limited to: 1) Ovulation induction; 2) Intrauterine insemination; 3) In-vitro fertilization; 4) Uterine embryo lavage; 5) Embryo transfer; 6) Gamete intra-fallopian transfer; 7) Zygote intra-fallopian transfer; and 8) Low tubal ovum transfer. Coverage may be limited as follows: 1) Starting at age 40; 2) For ovulation induction: a lifetime maximum of four cycles; 3) For intrauterine insemination: a lifetime maximum of three cycles; 4) For in-vitro fertilization, gamete intra-fallopian transfer, zygote intra-fallopian transfer, or low tubal ovum transfer: lifetime maximum of two cycles, with not more than two embryo implantations per cycle provided that each such fertilization/transfer is credited toward such maximum as one cycle; 5) Coverage for in-vitro fertilization, gamete intra-fallopian transfer, zygote intra-fallopian transfer and low tubal ovum transfer may be limited to those unable to conceive or produce conception or sustain a successful pregnancy through less expensive and medically viable infertility treatment or procedures covered under the Policy; 6) Treatment or procedures may be required to be performed at facilities that conform to the standards and guidelines of the American Society for Reproductive Medicine or the Society of Reproductive Endocrinology and Infertility; 7) Coverage may be limited to those who have had coverage for at least 12 months; 8) Insurers may require disclosure by the individual seeking such coverage to the individuals' existing health carrier of any previous infertility treatment or procedures received under a different policy. The disclosure must be made on a form and manner prescribed by the Commissioner.

General Provisions

State Mandated Benefits

The Plan will always pay benefits in accordance with any applicable Connecticut State Insurance Law(s).

Subrogation/Reimbursement Right of Recovery Provision

Immediately upon paying or providing any benefit under this Plan, Aetna shall be subrogated to all rights of recovery a Covered Person has against any party potentially responsible for making any payment to a Covered Person, due to a Covered Person's Injuries or illnesses, to the full extent of benefits provided, or to be provided by Aetna. In addition, if a Covered Person receives any payment from any potentially responsible party, as a result of an Injury or illness, Aetna has the right to recover from, and be reimbursed by, the Covered Person for all amounts this Plan has paid, and will pay as a result of that Injury or illness, up to and including the full amount the Covered Person receives, from all potentially responsible parties. A "Covered Person" includes, for the purposes of this provision, anyone on whose behalf this Plan pays or provides any benefit, including but not limited to the minor child or dependent of any Covered Person, entitled to receive any benefits from this Plan.

As used in this provision, the term "responsible party" means any party possibly responsible for making any payment to a Covered Person or on a Covered Person's behalf due to a Covered Person's Injuries or illness or any insurance coverage responsible making such payment, including but not limited to:

- Uninsured motorist coverage;
- Underinsured motorist coverage;
- Personal umbrella coverage;
- Med-pay coverage;
- Workers compensation coverage;
- No-fault automobile insurance coverage; or
- Any other first party insurance coverage.

The Covered Person shall do nothing to prejudice Aetna's subrogation and reimbursement rights. The Covered Person shall, when requested, fully cooperate with Aetna's efforts to recover its benefits paid. It is the duty of the Covered Person to notify Aetna within 45 days of the date when any notice is given to any party, including an attorney, of the intention to pursue or investigate a claim, to recover damages, due to Injuries sustained by the Covered Person.

The Covered Person acknowledges that this Plan's subrogation and reimbursement rights are a first priority claim against all potential responsible parties, and are to be paid to Aetna before any other claim for the Covered Person's damages. This Plan shall be entitled to full reimbursement first from any potential responsible party payments, even if such payment to the Plan will result in a recovery to the Covered Person, which is insufficient to make the Covered Person whole, or to compensate the Covered Person in part or in whole for the damages sustained. This Plan is not

required to participate in or pay attorney fees to the attorney hired by the Covered Person to pursue the Covered Person's damage claim. In addition, this Plan shall be responsible for the payment of attorney fees for any attorney hired or retained by this Plan. The Covered Person shall be responsible for the payment of all attorney fees for any attorney hired or retained by the Covered Person or for the benefit of the Covered Person.

The terms of this entire subrogation and reimbursement provision shall apply. This Plan is entitled to full recovery regardless of whether any liability for payment is admitted by any potentially responsible party, and regardless of whether the settlement or judgment received by the Covered Person identifies the medical benefits this Plan provided. This Plan is entitled to recover from any and all settlements or judgments, even those designated as "pain and suffering" or "non-economic damages" only.

In the event any claim is made that any part of this subrogation and reimbursement provision is ambiguous or questions arise concerning the meaning or intent of any of its terms, the Covered Person and this Plan agree that Aetna shall have the sole authority and discretion to resolve all disputes regarding the interpretation of this provision.

Additional Services and Discounts

As a participant in the Student Accident and Sickness Insurance Plan, you can also take advantage of the following services, discounts, and programs. These services, discounts, and programs are not underwritten by Aetna.

Vision One® Discount Program	The Vision One Discount Program helps you save on many eye care products, including eyeglasses, contact lenses, non-prescription sunglasses, contact lens solutions and other eye care accessories. Plus, you can receive up to a 25% discount on LASIK surgery (the laser vision correction procedure). Call **(800) 793-8616** for additional program information and provider locations, or simply log on to ***www.chickering.com***, click on "Find Your School" and enter your school name to find a Vision One provider near you.
Informed Health® Line Service	Aetna's Informed Health® Line gives you easy access to credible health information. All Informed Health Line services are available 24 hours a day, 365 days a year on demand from any touch-tone phone or computer within the United States (including Alaska and Hawaii). **1. 24-Hour Nurse Line** Call our toll-free number to access registered nurses* who are experienced in providing information on a variety of health topics. The nurses can help you: • Learn about medical procedures and possible treatment options. • Improve the way you communicate with your health care providers. Find out how to describe health symptoms more effectively, ask the right questions and provide a clear history of your eating, exercise and lifestyle habits.

Additional Services and Discounts (continued)	
Informed Health® Line Service *(continued)*	To reach an Informed Health® Line Nurse, please call **(800) 556-1555**. For TDD (hearing and speech impaired only), please call **(800) 270-2386**. **2. Audio Health Library** The Informed Health Line audio health library contains information on thousands of health topics such as common conditions and diseases, gender- and age-specific health issues, dental care, mental health and substance abuse, weight loss and much more. To access the audio health library system, call the Informed Health Line toll-free number and simply enter the topic codes you're interested in. And if you have questions, you can transfer easily to an Informed Health Line nurse at any time. To access the Informed Health Line audio health library, please call **(800) 556-1555**. For TDD (hearing and speech impaired only), please call **(800) 270-2386**. **3. Healthwise® Knowledgebase** If you prefer to view health information online, simply log on to your Aetna Navigator account and click on "Take Action On Your Health" which will link you to the Healthwise® Knowledgebase, one of the most advanced health databases available. The Healthwise Knowledgebase contains detailed information about health conditions, medical tests and procedures, medications and treatment options. It also features illustrations and decision-focused tools to help you make more informed health care decisions. **Informed Health Line nurses cannot diagnose, prescribe or give medical advice. Contact your Physician with any questions or concerns regarding your health care needs. Also, the topics discussed by the nurses, on the audio tapes or online may not necessarily be covered by your health Plan.*
Fitness Program	Aetna's Fitness Program, offered in conjunction with GlobalFit™, offers discounted membership rates at over 1,500 independent fitness clubs nationwide, as well as discounts on certain home exercise equipment. There are no long term contracts and GlobalFit offers convenient payment options. Contact Chickering Claims Administrators, Inc. for more information.
Aetna Natural Products and Services Program℠	Save money on many alternative therapies and products through our Aetna Natural Products and Services Program. Take advantage of discounted rates on chiropractic manipulation, acupuncture and massage therapy, and nutritional counseling. Through participating retailers, you can also save on vitamins, supplements, and natural products such as aromatherapy, yoga tools, and homeopathy. These participating providers and vendors are independent contractors and are neither agents nor employees of the Connecticut State University System, Chickering, or Aetna.

Optional Dental Benefits	
Vital Savings℠ on Dental by Aetna	Vital Savings on Dental by Aetna offers you a great way to get significant discounts on dental services. The Vital Savings dental discount card gives you access to substantial savings on dental care. The cost is **$25** for students for annual membership **September 1, 2007** through **August 31, 2008**. For complete details and to enroll, visit ***www.chickering.com***. Click on "Find Your School" and search by school name.
Aetna Dental PPO Insurance Plan	With the Aetna Dental PPO Insurance Plan, you can choose to visit a participating or non-participating dentist for care. Enroll and search dentists online at ***www.chickering.com***; click on "Find Your School". The cost to enroll in the Aetna Dental PPO Insurance Plan is as follows: **Student:** $372 **Student + 1 Dependent:** $763 **Student + 2 or more Dependents:** $876 Full benefits and Plan highlights for the Dental PPO Insurance Plan are available online under your University's webpage at ***www.chickering.com***.

Definitions

Accident: An occurrence which (a) is unforeseen, (b) is not due to or contributed to by Sickness or disease of any kind, and (c) causes Injury.

Actual Charge: The Actual Charge made for a covered service by the provider that furnishes it.

Aggregate Maximum: The maximum benefit that will be paid under the Policy for all Covered Medical Expenses incurred by a Covered Person during the Policy Year.

Brand-Name Prescription Drug or Medicine: A Prescription Drug which is protected by trademark registration.

Copay: The amount that must be paid by the Covered Person at the time services are rendered by a Preferred Provider. Copay amounts are the responsibility of the Covered Person.

Covered Medical Expenses: Those charges for any treatment, service, or supplies covered by the Policy which are: (a) not in excess of the Reasonable Charges; or, (b) not in excess of the charges that would have been made in the absence of this coverage; and, (c) incurred while the Policy is in force as to the Covered Person except with respect to any expenses payable under the Extension of Benefits provision.

Covered Person: A covered student and any covered dependent whose coverage is in effect under the Policy. See the Eligibility sections of this Brochure for additional information.

Deductible: A specific amount of Covered Medical Expenses that must be incurred and paid for by the Covered Person before benefits are payable under the Plan. Deductible amounts are the responsibility of the Covered Person.

Elective Treatment: Medical treatment which is not necessitated by a pathological change in the function or structure in any part of the body occurring after the Covered Person's effective date of coverage. Elective Treatment includes, but is not limited to: tubal ligation; vasectomy; breast reduction, except as specifically provided elsewhere in the Policy; sexual reassignment surgery; treatment for weight reduction; temporomandibular joint (TMJ) dysfunction; immunization, except as specifically provided elsewhere in the Policy; vaccines; and routine physical examinations.

Emergency Medical Condition: This means a recent and severe medical condition, including, but not limited to, severe pain, which would lead a prudent layperson possessing an average knowledge of medicine and health, to believe that their condition, Sickness, or Injury is of such a nature that failure to get immediate medical care could result in:

- Placing the person's health in serious jeopardy; or
- Serious impairment to bodily function; or
- Serious dysfunction of a body part or organ; or
- In the case of a pregnant woman, serious jeopardy to the health of the fetus.

It does include an Accident or serious illness such as heart attack, stroke, poisoning, loss of consciousness or respiration, and convulsions. It does not include elective care, routine care, or care for non-emergency illness.

If a Covered Person believes that they may have an emergency condition, they may call the **911** telephone number for police and ambulatory assistance. Aetna will determine if a condition is an emergency condition, based upon whether or not a prudent layperson, acting reasonably, would have believed that emergency medical treatment is needed.

Generic Prescription Drug or Medicine: A Prescription Drug that is not protected by trademark registration, but is produced and sold under the chemical formulation name.

Injury: Bodily Injury caused by an Accident; this includes related conditions and recurrent symptoms of such Injury.

Medically Necessary: A service or supply that is necessary and appropriate, for the diagnosis or treatment of a Sickness or Injury, based on generally accepted current medical practice.

In order for a treatment, service, or supply to be considered Medically Necessary, the service or supply must:

- Be care or treatment which is likely to produce as significant positive outcome as any alternative service or supply, both as to the Sickness or Injury involved and the person's overall health condition. It must be no more likely to produce a negative outcome than any alternative service or supply, both as to the Sickness or Injury involved and the person's overall health condition;
- Be a diagnostic procedure which is indicated by the health status of the person. It must be as likely to result in information that could affect the course of treatment as any alternative service or supply, both as to the Sickness or Injury involved and the person's overall health condition. It must be no more likely to produce a negative outcome than any alternative service or supply, both as to the Sickness or Injury involved and the person's overall health condition; and
- As to diagnosis, care, and treatment, be no more costly (taking into account all health expenses incurred in connection with the treatment, service, or supply) than any alternative service or supply to meet the above tests.

In determining if a service or supply is appropriate under the circumstances, Aetna will take into consideration:

- Information relating to the affected person's health status;
- Reports in peer reviewed medical literature;
- Reports and guidelines published by nationally recognized health care organizations that include supporting scientific data;
- Generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care, or treatment;
- The opinion of health professionals in the generally recognized health specialty involved; and
- Any other relevant information brought to Aetna's attention.

In no event will the following services or supplies be considered to be Medically Necessary:

- Those that do not require the technical skills of a medical, mental health, or dental professional; or
- Those furnished mainly for the personal comfort, or convenience, of the person, any person who cares for him or her, or any person who is part of his or her family, any health care provider, or health care facility; or
- Those furnished solely because the person is an inpatient on any day on which the person's Sickness or Injury could safely and adequately be diagnosed or treated while not confined; or
- Those furnished solely because of the setting if the service or supply could safely and adequately be furnished, in a Physician's or a dentist's office, or other less costly setting.

Negotiated Charge: The maximum charge a Preferred Care Provider has agreed to make as to any service or supply for the purpose of the benefits under the Plan.

Non-Preferred Care: A health care service or supply furnished by a health care provider that is not a Preferred Care Provider, if, as determined by Aetna: (a) the service or supply could have been provided by a Preferred Care Provider; and, (b) the provider is of a type that falls into one or more of the categories of providers listed in the Directory.

Non-Preferred Care Provider (or Non-Preferred Provider): A health care provider that has not contracted to furnish services or supplies at a Negotiated Charge.

Non-Preferred Pharmacy: A Pharmacy not party to a contract with Aetna, or a Pharmacy that is party to such a contract but which does not dispense Prescription Drugs in accordance with its terms.

Pharmacy: An establishment where Prescription Drugs are legally dispensed.

Physician: A legally qualified Physician, licensed by the state in which they practice, and any other practitioner who must, by law, be recognized as a doctor legally qualified to render treatment.

Pre-Existing Condition: Any Injury, Sickness, or condition that was diagnosed or treated, or would have caused a person to seek diagnosis or treatment within three months prior to the Covered Person's effective date of insurance.

If a student has continuous coverage under the Connecticut State University Student Health Insurance Plan from one year to the next, an Accident or Sickness that first manifests itself during a prior year's coverage shall not be considered a Pre-Existing Condition.

Preferred Care: Care provided by a Preferred Care Provider, or any health care provider for an emergency condition when travel to a Preferred Care Provider is not feasible.

Preferred Care Provider (or Preferred Provider): A health care provider that has contracted to furnish services or supplies for a Negotiated Charge, but only if: (a) the provider is, with Aetna's consent, included in the Directory as a Preferred Care Provider for the service or supply involved; and, (b) the class of which the Covered Person is a member.

Preferred Pharmacy: A Pharmacy which is party to a contract with Aetna to dispense drugs to persons covered under the Policy, but only while the contract remains in effect and when the Pharmacy dispenses a Prescription Drug under the terms of its contract with Aetna.

Prescription: Order of a prescriber for a Prescription Drug. If it is an oral order, it must be promptly put in writing by the Pharmacy.

Reasonable Charge: Only that part of a charge which is reasonable is covered. The Reasonable Charge for a service or supply is the lowest of:

- The provider's usual charge for furnishing it;
- The charge Aetna determines to be appropriate, based on factors such as the cost of providing the same or a similar service or supply and the manner in which charges for the service or supply are made;
- The charge Aetna determines to be the prevailing charge level made for it in the geographic area where it is furnished.

In some circumstances, Aetna may have an agreement, either directly or indirectly through a third party, with a provider which sets the rate that Aetna will pay for a service or supply. In these instances, in spite of the methodology described above, the Reasonable Charge is the rate established in such agreement.

In determining the Reasonable Charge for a service or supply that is:

- Unusual; or
- Not often provided in the area; or
- Provided by only a small number of providers in the area,

Aetna may take into account factors, such as:

- The complexity;
- The degree of skill needed;
- The type of specialty of the provider;
- The range of services or supplies provided by a facility; and
- The prevailing charge in other areas.

Sickness: A disease or illness including related conditions and recurrent symptoms of the Sickness. Sickness also includes pregnancy and complications of pregnancy.

Exclusions

1. Expenses incurred as a result of dental treatment, except for: (a) Injury to sound, natural teeth; or (b) extraction of impacted wisdom teeth as provided elsewhere in the Policy.

2. Expenses incurred for services normally provided without charge by the Policyholder's health service, infirmary, or hospital, or by health care providers employed by the Policyholder.

3. Expenses incurred for eye refractions, vision therapy, radial keratotomy, eyeglasses, contact lenses (except when required after cataract surgery), or other vision or hearing aids, or Prescriptions or examinations except as required for repair caused by a covered Injury.

4. Expenses incurred as a result of an Accident occurring in consequence of riding as a passenger, or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular, published schedules on a regularly established route.

5. Expenses incurred as a result of an Injury or Sickness for which benefits are payable under any Workers' Compensation or Occupational Disease Law. This exclusion will not apply to the following:

- A Covered Person who is a sole proprietor or business owner who is not covered under Connecticut State Statutes Chapter 568-Workers' Compensation Act (Chapter 568), or, who accepts the provisions of Chapter 568, Section 31-275(10); and
- A Covered Person who is a corporate officer of a Corporation, whether or not they are excluded, or have requested exclusion, from coverage under Chapter 568 as allowed by Connecticut State Statutes, Section 31-275(9)(B)(V).

6. Expenses incurred as a result of Injury sustained or Sickness contracted while in the service of the armed forces of any country. Upon the Covered Person entering the armed forces of any country, the unearned pro-rata premium will be refunded to the Policyholder.

7. Expenses incurred for treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance.

8. Expenses incurred for plastic surgery, cosmetic surgery, reconstructive surgery, or other services and supplies that improve, alter, or enhance appearance, whether or not for psychological or emotional reasons. This exclusion will not apply to the extent needed to:

a) Improve the function of a part of the body that is not a tooth or structure that supports the teeth, and is malformed as a result of a severe birth defect (including harelip and webbed fingers or toes), or as direct result of disease, or from surgery performed to treat a Sickness or Injury.
b) Repair an Injury (including reconstructive surgery for a prosthetic device for a Covered Person who has undergone a mastectomy) which occurs while the Covered Person is covered under the Plan. Surgery must be performed in the Policy Year of the Accident which causes the Injury or in the next Policy Year.

9. Expenses for Injuries sustained as a result of a motor vehicle Accident to the extent that benefits are payable under other valid and collectible insurance, whether or not a claim is made for such benefits.

10. Expenses incurred for a treatment, service, or supply, which is not Medically Necessary, as determined by Aetna, for the diagnosis, care, or treatment, of the Sickness or Injury involved. This applies even if they are prescribed, recommended, or approved, by the person's attending Physician or dentist.

In order for a treatment, service, or supply, to be considered Medically Necessary, the service or supply must:

- Be care, or treatment, which is likely to produce a significant positive outcome as, and no more likely to produce a negative outcome than, any alternative service or supply, both as to the Sickness or Injury involved, and the person's overall health condition;
- Be a diagnostic procedure which is indicated by the health status of the person, and be as likely to result in information that could affect the course of treatment as, and no more likely to produce a negative outcome than, any alternative service or supply, both as to the Sickness or Injury involved, and the person's overall health condition; and
- As to diagnosis, care, and treatment, be no more costly (taking into account all health expenses incurred in connection with the treatment, service, or supply), than any alternative service or supply to meet the above tests.

In determining if a service or supply is appropriate under the circumstances, Aetna will take into consideration:

- Information relating to the affected person's health status;
- Reports in peer reviewed medical literature;
- Reports and guidelines published by nationally recognized health care organizations that include supporting scientific data;
- Generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care, or treatment;
- The opinion of health professionals in the generally recognized health specialty involved; and
- Any other relevant information brought to Aetna's attention.

In no event will the following services or supplies be considered to be Medically Necessary:

- Those that do not require the technical skills of a medical, mental health, or dental professional; or
- Those furnished mainly for the personal comfort or convenience of the person, any person who cares for him or her, or any person who is part of his or her family, any health care provider, or health care facility; or
- Those furnished solely because the person is an inpatient on any day on which the person's Sickness or Injury could safely, and adequately, be diagnosed, or treated, while not confined, or those furnished solely because of the setting, if the service or supply could safely and adequately be furnished in a Physician's or a dentist's office, or other less costly setting.

11. Expenses incurred for any services rendered by a member of the Covered Person's immediate family or a person who lives in the Covered Person's home.

12. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.

13. Expenses incurred for services normally provided without charge by the school and covered by the school fee for services.

14. Expenses incurred as a result of a Covered Person's commission of a felony.

15. Expenses incurred for voluntary or elective abortions, unless otherwise provided in the Policy.

16. Expenses incurred as part of services or supplies that are, as found by Aetna, to be experimental or investigational. A drug, device, procedure, or treatment will be found to be experimental or investigational if:

- There is not enough outcomes data available from controlled clinical trials published in the peer reviewed literature to confirm its safety and effectiveness for the disease, or Injury involved; or
- If required by the FDA, approval has not been granted for marketing; or
- A recognized national medical or dental society, or regulatory agency has found, in writing, that it is experimental, investigational, or for research purposes; or
- The written protocol(s) used by the treating facility, or the protocol(s) of any other facility studying substantially the same drug, device, procedure, or treatment, or the written informed consent used by the treating facility or by another facility studying the same drug, device, procedure, or treatment states that it is experimental, investigational, or for research purposes.

However, this exclusion will not apply with respect to services, or supplies (other than drugs), received due to a disease, if Aetna finds that:

- The disease can be expected to cause death within one year, in the absence of effective treatment; and
- The care or treatment is effective for that disease, or shows promise of being effective for that disease as shown by scientific data. In making this finding, Aetna will take into account the results of a review by a panel of independent medical professionals. They will be selected by Aetna. This panel will include professionals who treat the type of disease involved.

Also, this exclusion will not apply with respect to drugs that:

- Have been granted treatment investigational new drug (IND), or Group Treatment IND status; or
- Are being studied at the Phase III level in a national clinical trial sponsored by the National Cancer Institute, if Aetna finds that available scientific evidence shows that the drug is effective, or shows promise of being effective, for the disease.

17. Expenses for treatment of Injury or Sickness to the extent payment is made, as a judgment or settlement, by any person deemed responsible for the Injury or Sickness (or their insurers) in accordance with Connecticut law or regulation.

18. Expenses incurred for, or related to, sex change surgery or to any treatment of gender identity disorders.

19. Those for routine physical exams, routine vision exams, routine dental exams, routine hearing exams, immunizations, or other preventive services and supplies, except to the extent coverage for such exams, immunizations, services, or supplies is specifically provided in the Policy.

20. Expenses incurred for breast reduction/mammoplasty.

21. Expenses for treatment of covered students who specialize in the mental health care field, and who receive treatment as part of their training in that field.

22. Expenses for: (a) care of flat feet; (b) supportive devices for the foot; (c) care of corns, bunions, or calluses; (d) care of toenails; and (e) care of fallen arches; weak feet; or chronic foot strain; except that (c) and (d) are not excluded when Medically Necessary, because the Covered Person is diabetic, or suffers from circulatory problems.

23. Expenses incurred for elective treatment or elective surgery except as specifically provided elsewhere in the Policy and performed while the Policy is in effect.

24. Expenses arising as a result of a Pre-Existing Condition.

Any exclusion listed will not apply to the extent that coverage is required under any law that applies to the coverage.

Extension of Benefits

If a Covered Person is confined to a hospital on the date their insurance terminates, expenses incurred after the termination date and during the continuance of that hospital confinement shall be payable in accordance with the Policy, but only while they are incurred during the 90-day period following such termination of insurance.

For those students who have graduated from the University, or who are no longer eligible to enroll in the Plan because they have lost their eligibility status, the Plan will pay expenses incurred within 104 weeks of the date of a covered Accident, or up to 52 weeks from the onset of a covered Sickness. This benefit allows those students to continue treatment for a condition which was established/manifested while they were insured under the Plan for up to 104/52 weeks from the date of the Accident or Sickness. Those students who continue enrollment and who have not elected to enroll in the Student Sickness Insurance Plan will have a Policy Year benefit.

Termination of Insurance

Benefits are payable under the Policy only for those Covered Medical Expenses incurred while the Policy is in effect as to the Covered Person. No benefits are payable for expenses incurred after the date the insurance terminates, except as may be provided under the Extension of Benefits provision.

Policy Cancellations

The Plan will remain in force indefinitely, but may be ceased by either party.

Connecticut State University System may cease the Policy as to any or all coverage of all or any class of students. Aetna must be given written notice. The notice must state when such termination shall occur. It must be a date after the notice. It shall not be effective during a period for which a premium has been paid to Aetna as to the coverage.

Aetna has the right to cease the Policy only under the following conditions:

- Non-payment of premium.
- Fraud or misrepresentation of a material fact under the terms of the coverage.
- Aetna ceases to offer Student Blanket Health Insurance coverage subject to the terms of any Connecticut law or regulation.

As to non-payment of premium, Aetna has the right to cease the Policy as to all or any class of students of the Connecticut State University System at any time after the end of the grace period if the premium for student coverage has not been paid. Written notice of the termination date must be given by Aetna. This right is subject to the terms of any laws or regulations.

As to the other termination conditions, Aetna may cease the Policy in its entirety or as to any or all coverage of all or any class of students by giving the Connecticut State University System advance written notice of when it will cease. The date shall not be earlier than 31 days after the date of the notice unless it is agreed to by the Connecticut State University System and Aetna.

If:

- Policy terminates as to any of the students of Connecticut State University; and
- Premiums have not been paid for the period the Policy was in force for those students, then Connecticut State University shall be liable to Aetna for the unpaid premiums.

Claim Procedure

On occasion, the claims investigation process will require additional information in order to properly adjudicate the claim. This investigation will be handled directly by Chickering Claims Administrators, Inc. (Chickering).

Customer Service Representatives are available 8:30 a.m. to 5:30 p.m., Monday through Friday, ET for any questions.

1. Bills must be submitted within 90 days from the date of treatment.

2. Payment for Covered Medical Expenses will be made directly to the hospital or Physician concerned unless bill receipts and proof of payment are submitted.

3. In the event of a disagreement over the payment of a claim, a written request to review the claim must be mailed to Chickering within one year from the date appearing on the Explanation of Benefits.

4. Make a copy of any documentation submitted to Chickering for your records.

5. You will receive an "Explanation of Benefits" when your Claims are processed. The Explanation of Benefits will explain how your claim was processed according to the benefits of your Student Accident and Sickness Insurance Plan.

How to Appeal a Claim

In the event a Covered Person disagrees with how a claim was processed, they may request a review of the decision. The Covered Person's requests must be made in writing within 60 days of receipt of the Explanation of Benefits (EOB). The Covered Person's request must include why they disagree with the way the claim was processed. The request must also include any additional information that supports the claim (e.g., medical records, Physician's office notes, operative reports, Physician's letter of Medical Necessity, etc.). Please submit all requests to:

Chickering Claims Administrators, Inc.
P.O. Box 15717
Boston, MA 02215-0014

Chickering and Aetna have established a procedure for resolving complaints by Covered Persons. If a Covered Person has a complaint, they must follow this procedure:

- An Appeal is defined as a written request for review of a decision which has been denied in whole or in part, after consideration of any relevant information. This includes a request for claim payment, certification, eligibility or referral, etc. The address is shown above and is also shown on your ID Card.
- An Appeal must be submitted within 60 days of the date Aetna provides notice of denial.
- An acknowledgment letter will be sent to the Covered Person within five days of Aetna's receipt of the Appeal. This letter may request additional information. If so, the additional information must be submitted to Aetna within 15 days of the date of the letter.
- The Covered Person will be sent a response within 30 days of Aetna's receipt of the Appeal. The response will be based on the information provided with or subsequent to the Appeal.
- If the Appeal concerns an eligibility issue, and if additional information is not submitted to Aetna after receipt of Aetna's response, the decision is considered Aetna's final response 60 days after receipt of the Appeal. For all other Appeals, if additional information is to be submitted to Aetna after receipt of Aetna's response, it must be submitted within 15 days.
- Aetna's final response will be sent within 30 days from the date of Aetna's first response letter.
- If additional time is needed to resolve the Appeal, Aetna will provide a written notification indicating that additional time is needed, explaining why such time is needed and setting a new date for a response. The additional time shall not be extended beyond another 30 days.

- In an emergency situation involving admission to or services from an acute care hospital, if the Covered Person's Physician, or the hospital, determines that the Covered Person faces a life-threatening or other serious Injury situation, they may submit a written request for an expedited review. A response shall be given to the provider within three hours of Aetna's receipt of the request and all necessary information. If a response is not provided within this time frame the request is considered approved.
- In all other urgent or emergency situations, the Appeal procedure may be initiated by a telephone call. A verbal response to the telephone call shall be given to the provider within two business days, provided that all necessary information is available. Written notice of the decision will be sent within two business days of Aetna's verbal response. If the Covered Person is dissatisfied with Aetna's response, the Appeal procedure outlined above may be utilized. Aetna's telephone number is on the Covered Person's ID Card.
- Aetna will keep the records of any complaint for three years.

If, after completing the Appeal procedure outlined above, the Covered Person, the Covered Person's Physician, or the hospital are still dissatisfied with Aetna's response, the Covered Person may appeal the decision to the Connecticut Insurance Department. You may also seek additional information on the web page for the applicable State Insurance Department or other agency regarding your rights, including how to obtain regulatory review of member concerns. The applicable Internet address for the State Insurance Department for your Plan is: ***www.state.ct.us/cid***.

This must be done within 30 days of receipt of Aetna's final response.

Prescription Drug Claim Procedure

When obtaining a covered Prescription, please present your Chickering ID card to an Aetna Preferred Pharmacy. The Pharmacy will submit a claim to Aetna for the drug. If you fill your Prescription at a Non-Preferred Pharmacy, you will need to pay in full at the time of service and file a claim with Aetna. Claim Forms, Pharmacy locations, and claims status information can be obtained by contacting Aetna Pharmacy Management at **(800) 238-6279**. Additionally, a listing of Pharmacy locations may be obtained by accessing the Internet at: ***www.chickering.com***. Click on "Find Your School" and search by school name.

When you need to fill a Prescription and do not have your ID card with you, you may obtain your Prescription from an Aetna Preferred Pharmacy and be reimbursed by submitting a completed Aetna Prescription Drug claim form which can be obtained on Chickering's website at ***www.chickering.com***. You will be reimbursed for covered medications directly by Aetna.

Please note you may be required to pay the difference between the retail price you paid for the drug and the amount Aetna would have paid if you had presented your ID card and the Pharmacy had billed Aetna directly. When submitting a claim, please include all Prescription receipts, indicate that you attend CSUS university, and include your name, address and student identification number.

General Information

Service Area

Service area means the geographic area, as determined by Aetna, in which Preferred Care Providers for the Plan are located. The service area for our Managed Care Organization is the entire state of Connecticut.

Utilization Review Determinations

During the 2006/2007 Academic Year, there was a total of 78 utilization review determinations to determine medical necessity for an admission, service, procedure or extension of stay. Sixty-eight reviews were approved and there were 10 denials.

Provider Network

A complete list of participating Providers, including the names, addresses, and type of specialty, is provided in the Provider Directory. Information is also available by accessing Aetna's DocFind® Service via the Internet at: ***www.chickering.com***. Click on "Find Your School" and search by school name. Once at your University's webpage, click on the DocFind tab on the left of your screen.

Provider Reimbursement

Participating Providers are reimbursed on a discounted fee for service basis. Where the Covered Person is responsible for a Coinsurance payment based on a percentage of the bill, the Covered Person's obligation is to be determined on the basis of the charges established by contract, if any, rather than on the basis of the Provider's billed charges.

Non-Participating Providers providing covered services are compensated on a fee for service basis.

Aetna Pharmacy Management negotiates discounts from independent Pharmacies, chain Pharmacies, and mail order vendors who accept our reimbursement rates for dispensing and ingredient costs in return for volume business. Our negotiated discounts are passed in full to our Plan sponsors.

The reimbursement formula is based on Average Wholesale Price (AWP) less a negotiated discount, plus a dispensing fee. The dispensing fee is a contractual fee negotiated between Aetna Pharmacy Management and the Network Pharmacy. The negotiated rate self-renews each year, unless it is changed contractually.

Where the Covered Person is responsible for a Coinsurance payment based on a percentage of the bill, the member's obligation is to be determined on the basis of the charges established by contract, if any, rather than on the basis of the Provider's billed charges.

Pre-Authorization Requirements and Grievance Procedures

All inpatient admissions must be Pre-Certified by contacting Chickering Claims Administrators, Inc. Aetna Life Insurance Company evaluates and determines the appropriateness of medical care resources utilized by their Covered Persons. To accomplish these goals, Aetna Life Insurance Company has developed a comprehensive Patient Management Program. The population demographics of the membership and the program's results are reviewed to determine the need for changes. Regional medical directors in concert with local market medical directors review this information to initiate new program development or to enhance current programs. The Patient Management Program is reviewed annually.

Only Medical Directors make decisions denying coverage for services for reasons of Medical Necessity. All such Patient Management determinations are communicated both by telephone and in writing. Decisions on appeals are made in a timely manner, as required, by the urgency of the situation. Pre-Authorization decisions are made within two business days; emergent decisions are made immediately; concurrent decisions are made within one business day; and retrospective decisions are made within 30 days of the receipt of appropriate information. If subspecialty review is required, the Focused Review process takes approximately 10 business days. Procedures that must be performed within this time frame are excluded from the Pre-Certification requirement.

Coverage denial letters delineate any unmet criteria standards and guidelines, and inform the provider and Covered Person of the appeal process.

The actual components of the Aetna Patient Management Plan include the following and apply for all products:

- Inpatient Service Authorization
- Registration of Inpatient Services
- Inpatient Pre-Certification
- Concurrent Review
- Discharge Planning
- Care Management
- Retrospective Review

Medical Loss Ratio

The anticipated medical loss ratio, or percentage of total premium revenue that will be spent on medical care for student health coverage for the calendar year ending on **December 31, 2007**, is 77.5%.

Plan Ownership and For Profit Status

Aetna is incorporated in Connecticut and is owned by Aetna, Inc. Both Aetna Life Insurance Company and Aetna, Inc. are "for profit" organizations.

Information Phone Number

A toll-free number is available for Covered Person inquiries regarding coverage and benefits, claims grievance procedures, or complaint procedures. The toll-free number for Customer Services is **(877) 375-4244**.

Specialty Referral Procedures
In the PPO product, Covered Persons can access medical services directly without first visiting the Primary Physician.

Member Satisfaction
At this time, Aetna does not conduct an annual Covered Person survey. However, on **March 15, 1999**, the Insurance Commissioner of the State of Connecticut produced an annual consumer report card on the managed care organization. This report card is available from the Connecticut Department of Insurance.

Provider/Member Discussions
In its Provider contracts and as a matter of corporate Policy, Aetna does not prohibit network Providers from discussing with their patients alternative treatment options and the method under which they are compensated. In fact, Aetna affirmatively encourages such discussions.

Confidentiality of Medical Records and Patient Information
Aetna has adopted a comprehensive insurance Privacy Policy based on the recommendations of the Federal Privacy Protection Study Commission. The following describes certain aspects of that Policy which will apply to you as a Covered Person in a Plan of Student Blanket Insurance insured by Aetna. The Policy does not apply where a different approach is required by law.

Information Which May be Collected
Aetna, in providing insurance services to you, relies mainly on the information you give on your Enrollment Form and when you file claims.

Aetna may also collect information about you from other sources. This is information necessary for Aetna to perform its function with regard to the insurance transaction in question.

Disclosure of Information to Others
All of this information will be treated as confidential. It will not be disclosed to others without your authorization, except in some instances where such disclosure is necessary for the conduct of Aetna's business. Disclosure cannot be contrary to any law which applies.

The following sets forth the types of disclosure that may be made:

- Information may be made available to your School in connection with the claim and financial administration of the Plan. This includes Policyholder audits.
- Information may be disclosed to other insurers, if there may be duplicate coverage, or a need to preserve the continuity of your coverage.
- Information may be disclosed to peer review organizations, and other agencies, to determine whether health services were necessary and reasonably priced.

In addition, information may be given to regulators of Aetna's business, and to others, as may be required by law. It may also be given to law enforcement authorities, when needed, to prevent or prosecute fraud or other illegal activities.

Your Right of Access and Correction

In general, you have a right to learn the nature and substance of any information Aetna has in its files about you. You may also have a right of access to such files, except information which relates to a claim or a civil or criminal proceeding, and to ask for correction, amendment, or deletion of personal information. This can be done in states which provide such rights and which grant immunity to insurers providing such access. If you request any health information, Aetna may elect to disclose details of the information you request to your (attending) Physician.

Accidental Death and Dismemberment Benefit

This insurance coverage provides Accidental Death and Dismemberment coverage underwritten by Unum Provident Life Insurance Company of America.

Benefits are payable for the Accidental Death and Dismemberment of the eligible insureds. When, because of Injury, you suffer any of the following losses within 90 days from the date of the Accident, we will pay as follows:

For Loss Of:	**Principle Sum**
Life	$5,000
Two Hands	$25,000
Two Feet	$25,000
Sight of two eyes	$25,000
One hand and one foot	$10,000
One hand and sight of one eye	$25,000
One foot and sight of one eye	$25,000
One hand or one foot or one eye	$10,000
Movement of Both Upper and Lower Limbs (Quadriplegia)	$50,000
Movement of both lower limbs (Paraplegia)	$25,000
Movement of both upper and lower limbs of one side of the body (Hemiplegia)	$25,000

Loss of hands and feet means the loss at or above the wrist or ankle joints. Loss of eyes means total irrecoverable loss of the entire sight. Only one of the amounts named above will be paid for Injuries resulting from any one Accident. The amount so paid shall be the largest amount that applies.

This benefit will pay the appropriate portion of the Principal Sum if you sustain a loss of the type listed 90 days after suffering a bodily Injury due to a covered Accident. Such Injury must occur while you are: 1) practicing for; 2) engaging in; or 3) traveling to or from an official activity of the Policyholder as a participant of an officially recognized organization or department.

This provision does not cover the loss if it in any way results from or is caused or contributed:

1. By physical or mental illness; medical or surgical treatment except that results directly from a surgical operation made necessary solely by an Injury covered by this Plan;
2. By an infection, unless it is caused solely and independently by a covered Accident;
3. Participation in a felony. Participation means to take part or to have share in something.
4. For loss caused by your voluntary use of a controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless prescribed by a doctor.

To file a claim for Accidental Death and Dismemberment, please contact Chickering Claims Administrators, Inc. at **(877) 375-4244** for the appropriate claim forms.

Worldwide Emergency Travel Assistance Services

These services are designed to protect matriculated domestic students enrolled in CSUS university students when traveling more than 100 miles from home anywhere in the world. Medical Repatriation and Return of Mortal Remains services are also available at the participant's University location.

If you experience a medical emergency while traveling more than 100 miles from home or campus, you have access to a comprehensive group of emergency assistance services provided by Assist America, Inc.

Eligible participants have immediate access to doctors, hospitals, Pharmacies, and other services when faced with an emergency while traveling. The Assist America Operations Center can be reached 24 hours a day, 365 days a year to provide services including: medical consultation and evaluation; medical referrals; foreign hospital admission guarantee; Prescription assistance; lost luggage assistance; legal and interpreter assistance; and travel information such as Visa and passport requirements, travel advisories, etc.

Medical Repatriation and Return of Mortal Remains

In the event that a participant becomes Injured and adequate medical facilities are not available locally, Assist America will use whatever mode of transport, equipment and personnel necessary to evacuate you to the nearest facility capable of providing required care. In the event of death of a participant, Assist America will render every possible assistance in return of mortal remains including locating a sending funeral home, preparing the deceased for transport, procuring required documentation, providing necessary shipping container, as well as paying for transport.

Please note: Any third party expenses incurred are the responsibility of the participant.

An Assist America ID card will be supplied to you once you enroll in the Chickering Student Accident and Sickness Insurance Plan. Please remember to carry your Assist America card and call toll free within the U.S. at **(800) 872-1414** or outside the U.S. call collect **(dial U.S. access code) plus (301) 656-4152** in the event of an emergency when you are traveling. With one phone call, you will be connected to a global network of over 600,000 pre-qualified medical providers.

Assist America Operations Centers have worldwide assistance capabilities and are known throughout the world as a premier Emergency Assistance Services provider.

NOTE: Assist America pays for all Assistance Services it provides. All Assistance Services must be arranged and provided by Assist America. Assist America does not reimburse for services not provided by Assist America.

The Assist America program meets and exceeds the requirements of USIA for International Students & Scholars.

Emergency Travel Assistance Services are administered by Assist America, Inc.

Important Note

Please keep this Brochure, as it provides a general summary of your coverage. A complete description of the benefits, and full terms and conditions, may be found in the Master Policy. If any discrepancy exists between this Brochure and the Policy, the Master Policy will govern and control the payment of benefits.

This student Plan fulfills the definition of creditable coverage explained in the Health Insurance Portability and Accountability Act (HIPAA) of 1996. At any time should you wish to receive a certification of coverage, please call the Customer Service number on your ID card.

Administered by:

The Chickering Group℠
An Aetna Company

Chickering Benefit Planning Insurance Agency, Inc.
1 Charles Park
Cambridge, MA 02142

Offered by:
Chickering Claims Administrators, Inc.
P.O. Box 15708
Boston, MA 02215-0014
(877) 375-4244
www.chickering.com

Underwritten by:

Aetna®

Aetna Life Insurance Company (ALIC)
151 Farmington Ave.
Hartford, CT 06156

The Chickering Group is an internal business unit of Aetna Life Insurance Company.

NOTICE

Aetna considers non-public personal Covered Person information confidential and has policies and procedures in place to protect the information against unlawful use and disclosure. When necessary for your care or treatment, the operation of your health Plan, or other related activities, we use personal information internally, share it with our affiliates, and disclose it to health care providers (doctors, dentists, Pharmacies, hospitals and other caregivers), vendors, consultants, government authorities, and their respective agents. These parties are required to keep personal information confidential as provided by applicable law. Participating Network/Preferred Providers are also required to give you access to your medical records within a reasonable amount of time after you make a request. By enrolling in the Plan, you permit us to use and disclose this information as described above on behalf of yourself and your dependents.

To obtain a copy of our Notice of Privacy Practices describing in greater detail our practices concerning use and disclosure of personal information, please call the toll-free Customer Services number on your ID card or visit Chickering's Student Connection Link on the Internet at ***www.chickering.com***.

CSUS-0315
Addendum #2
December 27, 2007

Brochure 10
International Student 2007-2008

CSUS-0315
Addendum #2
December 27, 2007

Brochure 10
International Student 2007-2008

2007 - 2008

Student Accident and Sickness Plan
International Student Plan Brochure

- **Central Connecticut State University**
- **Eastern Connecticut State University**
- **Southern Connecticut State University**
- **Western Connecticut State University**

Herein called

Connecticut State University System

Offered by:
Chickering Benefit Planning Insurance Agency, Inc.
Administered by:
Chickering Claims Administrators, Inc.
Underwritten by:
Aetna Life Insurance Company (ALIC)

Table of Contents

The Connecticut State University System Student Accident and Sickness Plan

The Connecticut State University System Student Accident and Sickness Plan has been developed especially for Connecticut State University students enrolled at a University of Connecticut State University System (CSUS). The Plan provides coverage for illnesses and Injuries that occur on and off campus and includes special cost-saving features to keep the coverage as affordable as possible. The Connecticut State University System is pleased to offer this Plan as described in this Brochure.

Where To Find Help

Got Questions? Get Answers with Chickering's Aetna Navigator™

As a Chickering Student Accident and Sickness Plan member, you have access to Aetna Navigator, your secure member website, packed with personalized benefits and health information. You can take full advantage of our interactive website to complete a variety of self-service transactions online.

By logging into Chickering's Aetna Navigator, you can:

- Review who is covered under your plan.
- Request member ID cards.
- View Claim Explanation of Benefits (EOB) statements.
- Estimate the cost of common health care services and procedures to better plan your expenses.
- Research the price of a drug and learn if there are alternatives.
- Find health care professionals and facilities that participate in your plan.
- Send an e-mail to Chickering Customer Service at your convenience.
- View the latest health information and news, and more!

How do I register?

- Go to ***www.chickering.com***
- Click on "Find Your School"
- Enter your school name and then click on "Search"
- Click on Aetna Navigator and then the "Access Navigator" link
- Follow the instructions for First Time User by clicking on the "Register Now" link
- Select a user name, password and security phrase.

Your registration is now complete, and you can begin accessing your personalized information!

Need help with registration?

Registration assistance is available toll free, Monday through Friday, from 7 a.m. to 9 p.m. Eastern Time at **(800) 225-3375**.

For Questions About:

- Enrollment
- Insurance Benefits
- Claims Processing
- Inpatient Admission Pre-Certification

Please contact:

Chickering Claims Administrators, Inc.
P.O. Box 15708
Boston, MA 02215-0014
(877) 375-4244

For Questions About ID Cards:

ID cards will be issued as soon as possible. If you need medical attention before the ID card is received, benefits will be payable in accordance with the Policy. **You do not need an ID card to be eligible to receive benefits.**

Note: Please be advised you will receive a unique Aetna member ID number on your membership card.

For lost ID cards, please contact:

Chickering Claims Administrators, Inc.

(877) 375-4244

or visit ***www.chickering.com***, click on "Find Your School" and search by school name. Click on the Help Center button on the left of your screen or the Navigator button to print a temporary ID card or request a new card.

For Questions About:

- Status of Pharmacy Claim
- Pharmacy Claim Forms
- Excluded Drugs and Pre-Authorization

Please contact:

Aetna Pharmacy Management

(800) 238-6279 (Available 24 hours)

For Questions About:

- Worldwide Emergency Travel Assistance Services

Please contact:

Assist America, Inc.

(800) 872-1414 (within U.S.)

If outside the U.S., call collect **by dialing the U.S. access code plus (301) 656-4152**

E-mail address: ***medservices@assistamerica.com***

For Provider Listings (Including a list of Preferred Care Pharmacies):

For a complete list of providers you can use Aetna's DocFind® Service at: ***www.chickering.com***. Click on "Find Your School" and search by school name. Click on the DocFind button on the left side of your screen to search for Preferred Pharmacies.

Worldwide Web Access:

- The Chickering Group: ***www.chickering.com***

Connecticut State University System Student Accident and Sickness Insurance Plan

This is a brief description of the Full-Time Accident Plan and the Full-Time Sickness Plan benefits available for international students enrolled at a CSUS University. The Plan is underwritten by Aetna Life Insurance Company (Aetna). The exact provisions governing this insurance are contained in the Master Policy. Call Chickering Claims Administrators, Inc. at **(877) 375-4244** for additional information. The Plan is administered by Chickering Claims Administrators, Inc., P.O. Box 15708, Boston, MA 02215-0014.

Policy Period

Students

Coverage under the Connecticut State University System Student Accident and Sickness Insurance Plan is effective:

Annual Period: 12:01 a.m. on **August 1, 2007** through 12:01 a.m. on **August 1, 2008**.

Fall Semester: 12:01 a.m. on **August 1, 2007** through 12:01 a.m. on **January 14, 2008**.

Spring Semester: 12:01 a.m. on **January 14, 2008** through 12:01 a.m. on **August 1, 2008**.

International Student Premium Rates

Matriculated Full-Time	Annual	Fall	Spring
Full-Time Accident & Sickness	$ 989.00	$495.00	$494.00
Spouse Accident & Sickness	$1,324.00	$662.00	$662.00
Children Accident & Sickness	$1,324.00	$662.00	$662.00

Premium Refund Policy

Except for medical withdrawal due to a covered Accident or Sickness, any student withdrawing from school during the first 31 days of the period for which coverage is purchased shall not be covered under the Policy and a full refund of the premium will be made. Refunds will not be granted after the first 31 calendar days of the semester unless it is determined that you do not meet the eligibility criteria defined by the University in conjunction with The Chickering Group.

Please Note: The eligibility requirements defined in this Brochure must be met and maintained throughout the Policy Year. The Chickering Group in conjunction with the Connecticut State System University maintains the right to investigate student status and attendance records to verify that Policy eligibility requirements have been met. If we discover that Policy eligibility requirements have not been met, our only obligation is a refund of premium. Eligibility requirements must be met each time a premium is paid to continue coverage.

Audited or television (TV) courses do not fulfill the eligibility requirements that states the covered student actively attends classes. If the eligibility requirements are not met, Aetna's only obligation is to refund the premium.

A Covered Person entering the armed forces of any country will not be covered under the Policy as of the date of such entry. A pro-rata refund of premium will be made for such person, and any covered dependents upon written request received by Chickering Claims Administrators, Inc. within 90 days of withdrawal from school.

Student Eligibility Requirements

Full-Time International Students – Accident Plan

All full-time registered international students enrolled at a CSUS University are automatically enrolled in the Full-Time Accident Plan as part of the University General Fee. You are covered 24 hours a day on and off campus.

Full-Time International Students – Sickness Plan

All full-time international students enrolled at a CSUS university holding J-1 Visas are required to participate in this Plan, unless you can provide proof of comparable coverage by submitting a Waiver by the published deadline dates. Any Waivers received after the published deadline will not be accepted. Failure to complete the Waiver process, within the University's specified Waiver period, will result in an annual premium of **$989** (for the Accident and Sickness Insurance Plan) added to your tuition bill.

Part-Time International Students – Accident and Sickness Plan

All matriculated part-time international students holding J-1 Visas are eligible to enroll in the Accident and Sickness Plan on a voluntary basis. Matriculated means that the student has been accepted to an accredited degree-seeking program. We maintain the right to investigate student status and attendance records to verify that Policy eligibility requirements have been met. If we discover that Policy eligibility requirements have not been met, our only obligation is a refund of premium. Eligibility requirements must be met each time a premium is paid to continue coverage.

Dependent Coverage

If you are enrolled in the Student Accident and Sickness Insurance Plan you may also enroll your Dependent children (up to age 19) or spouse who reside with you.

Newborn Infant Coverage and Adopted Child Coverage

A child born to a Covered Person shall be covered for Accident, Sickness and congenital defects for 31 days from the date of birth. At the end of this 31-day period, coverage will cease under the Connecticut State University System Student Accident and Sickness Insurance Plan. To continue coverage you must complete and return the Dependent Enrollment Form to The Chickering Group.

Waiver Deadline Dates

If you are eligible for coverage due to loss of other comparable coverage, and wish to join the Plan after the Waiver deadlines, you must present documentation from your former insurance company that is no longer providing you with health insurance. Your effective date under this Plan will be the date the former insurance expired, if you make the request for coverage within 31 days after it expires. Please contact The Chickering Group who will inform you of your premium payment.

Pre-Existing Conditions/Continuously Insured Provisions (Part-Time Students Only)

Pre-Existing Conditions

The definition of a Pre-Existing Condition is any Injury, Sickness, or condition that was diagnosed or treated, or would have caused a person to seek diagnosis or treatment within six months prior to the Covered Person's effective date of insurance under this Plan. The limitation will not apply if:

1. The covered person has been on the Connecticut State University Policy for more than 12 months; or
2. The individual seeking coverage under this Policy was previously covered under prior Creditable Coverage which was continuous to a date not less than 120 days prior to the effective date of coverage under this Policy. (**Note:** 150 days prior to the effective date of coverage under this Policy if prior Creditable Coverage terminated due to an involuntary loss of employment.)

Limitations

Expenses incurred by a Covered Person as a result of a Pre-Existing Condition will not be considered a Covered Medical Expense unless no charges are incurred or treatment rendered for the condition for a period of six months while covered under the Policy, or the Covered Person has been covered under the Policy for 12 consecutive months, whichever is less.

Routine follow-up care to determine whether a breast cancer has reoccurred in a Covered Person who has been previously determined to be breast cancer free shall not be considered as medical advice, diagnosis, care or treatment unless evidence of breast cancer is found during or as a result of such follow-up. Genetic information shall not be treated as a condition related to such information. Pregnancy shall not be considered a Pre-Existing Condition.

Please Note: The Pre-Existing limitation only applies to part-time students.

Special Rules as to a Pre-Existing Condition

If a Covered Person has creditable coverage and such coverage ceased within 120 days prior to the date they enrolled in the Policy, then any limitation as to a Pre-Existing Condition under the Policy will apply for that Covered Person only to the extent that such limitation would have applied under the prior creditable coverage.

"Creditable coverage" is a person's prior medical coverage as defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Such coverage includes coverage issued on a group or individual basis; Medicare; Medicaid; military-sponsored health care; a program of the Indian Health Service; a state health benefits risk pool; the Federal Employee's Health Benefit Plan (FEHBP); a public health plan as defined in the regulations; and any health benefit plan under Section 5(e) of the Peace Corps Act.

Continuously Insured

Persons who have remained continuously insured under the Policy and other prior health insurance policies will be covered for any Pre-Existing Condition that manifests itself while continuously insured, except for expenses payable under prior policies in the absence of the Policy. Previously Covered Persons must re-enroll for coverage by the indicated enrollment deadlines in order to avoid a break in coverage for conditions that existed in the prior Policy Year. Once a break in continuous coverage occurs, the definition of Pre-Existing Conditions will apply.

University Health and Counseling Services

As a full-time student, you are entitled to receive care at the University Health and Counseling Services. This Student Accident and Sickness Insurance Plan provides benefits to help cover costs for care that cannot be provided or treated by the University Health and Counseling Services.

It is strongly suggested that the student seek care at their University Health and Counseling Services rather than obtaining health services from outside sources whenever possible.

University Health and Counseling Services are not available to the Student's Spouse or Dependent Children.

Preferred Provider Organization (PPO) Network

The Chickering Group has arranged for you to access a national PPO Network. Acute care facilities and mental health networks are also available nationally if you require treatment or hospitalization outside the immediate area of the CSUS university campuses.

The Connecticut State University System Student Accident and Sickness Insurance Plan for the 2007-2008 Policy Year has a PPO Network through Aetna. It is to your advantage to use a Preferred Provider because significant savings can be achieved from the substantially lower rates these Providers have agreed to accept as payment for their services. Preferred Providers are independent contractors and are neither employees nor agents of the Connecticut State University System, Chickering Claims Administrators, Inc., or Aetna. You may obtain a complete listing of Preferred Providers by contacting Chickering Claims Administrators, Inc. at **(877) 375-4244** or by accessing Aetna's DocFind® Service at: ***www.chickering.com***. Click on "Find Your School" and search by school name.

Inpatient Admission Pre-Certification Program

Pre-Admission Certification is required for all inpatient admissions, including length of stay and must be certified by contacting Chickering Claims Administrators, Inc.

Pre-Certification does not guarantee the payment of benefits for your inpatient admission. Each claim is subject to medical Policy review, in accordance with the exclusions and limitations contained in the Policy, as well as a review of eligibility, adherence to notification guidelines, and benefit coverage under the Student Accident and Sickness Plan.

Pre-Certification of Non-Emergency Inpatient Admissions

The patient, Physician, or hospital must telephone at least three business days prior to the planned admission.

Notification of Emergency Admissions

The patient, patient's representative, Physician, or hospital must telephone within one business day following admission.

The above Pre-Certification provision will not operate to deny benefits for Medically Necessary inpatient hospital confinements. This includes such confinements for mental and nervous disorders, biologically based mental illnesses, and substance abuse for which coverage is required by the State of Connecticut.

Chickering Claims Administrators, Inc.
Attention: Managed Care Dept.
P.O. Box 15708
Boston, MA 02215-0014
(877) 375-4244

Description of Benefits

In order to maximize your savings and to reduce out-of-pocket expenses, select a Preferred Provider from the list of Physicians on the Insurance Plan to serve as your primary care Physician. It is to your advantage to use a Preferred Provider because significant savings can be achieved from the substantially lower rates these Providers have agreed to accept as payment for their services. Non-Preferred Care is subject to the Reasonable Charge allowance maximums. It is strongly suggested that you use the campus health service for your medical or mental health services whenever possible, since they are cost effective and convenient.

You may obtain a complete listing of Preferred Providers by contacting Chickering Claims Administrators, Inc. at **(877) 375-4244** or by accessing Aetna's DocFind® Service at: ***www.chickering.com***. Click on "Find Your School", enter school name and click on the DocFind button on the left of your screen.

This Plan always pays benefits in accordance with any applicable Connecticut Insurance Law(s).

In addition to the Plan's Aggregate Maximum the Policy may contain benefit level maximums. Please review the Summary of Benefits section of this Brochure for any additional benefit level maximums.

Summary of Benefits Chart

The following chart shows a summary of the benefits coverage for international students. The following benefits are subject to the imposition of Policy limits and exclusions.

Mandatory Accident Benefits	
Aggregate Plan Maximum	**$50,000** per Accident per Policy Year.
Accident Expenses Benefit	When an Injury occurs and requires: (a) treatment by a doctor/surgeon; (b) hospital confinement; (c) services of a licensed nurse practitioner or RN; (d) X-ray services; (e) use of operating room, anesthesia, laboratory services; (f) prescribed medicines, plaster casts, surgical dressings; or (g) use of an ambulance; Covered Medical Expenses are payable as follows when the expense is incurred within 104 weeks from the date of the Accident: ***Preferred Care:*** 100% of the Negotiated Charge. ***Non-Preferred Care:*** 90% of the Reasonable Charge.
Emergency Treatment for Accidental Ingestions of Controlled Drugs	Covered Medical Expenses are payable as follows: ***Outpatient:*** Covered as any other Accident up to a maximum of **$500** per Policy Year. ***Inpatient:*** Covered Medical Expenses for the emergency treatment of Accidental Ingestion of Controlled Drugs while confined as an inpatient in a hospital or facility licensed for such treatment are payable on the same basis as for any other Accident. Treatment is limited to a maximum of 30 days per Policy Year.
Accidental Dental Expenses	Covered Medical Expenses are payable up to a maximum of **$2,500** per Injury for the treatment of an Injury to sound, natural teeth.
Official Travel Accident Expenses	Covered Medical Expenses are payable up to a maximum of **$1,000** per Injury for the treatment of an Injury resulting while traveling to or from an official school activity.

Benefits under the Student Accident Insurance Plan are paid on an excess basis. This means no expense is covered if it would be covered by another health care plan in the absence of this insurance. The Accident Plan supplements, not replaces, other health care coverage.

Sickness Expense Benefits	
Aggregate Plan Maximum	**$50,000** per Sickness per Policy Year.
Preferred Care	100% of the Negotiated Charge when the expense is incurred within 52 weeks of the onset of the Sickness unless stated otherwise.
Non-Preferred Care	90% of the Reasonable Charge when the expense is incurred within 52 weeks of the onset of the Sickness unless stated otherwise.
Inpatient Hospitalization Benefits	
Hospital Room and Board Expenses	Covered Medical Expenses are payable up to a maximum of **$500** per day for a semi-private room rate for an overnight stay.
Intensive Care Unit Expenses	Covered Medical Expenses are payable up to a maximum of **$1,000** per day for an overnight stay.
Miscellaneous Hospital Expenses	Covered Medical Expenses are payable up to a maximum of **$700** per hospital confinement. Once charges exceed $700, benefits are payable as follows: ***Preferred Care:*** 80% of the Negotiated Charge. ***Non-Preferred Care:*** 80% of the Reasonable Charge. Covered Medical Expenses include, but are not limited to: laboratory tests, X-rays, anesthesia, use of special equipment, medicines and use of operating room.
Physician's Hospital Visit Expenses	Covered Medical Expenses for charges for the non-surgical services of the attending Physician or a consulting Physician are payable up to **$75** for the first visit and **$60** for each visit thereafter up to a maximum of **$1,300** per Sickness.
Private Duty Nursing Expenses	Covered Medical Expenses for services for full-time nursing care by a registered nurse (RN) while confined to a hospital and when recommended by a doctor, up to **$60** per eight hour shift, up to a maximum of **$1,800** per Sickness.
Surgical Benefits (Inpatient and Outpatient)	
All Covered Medical Expenses in this section are subject to a **$3,000** per Sickness benefit maximum.	
Surgical Expenses	Covered Medical Expenses for charges for surgical services performed by a Physician.
Anesthetist Expenses and Assistant Surgeon Expenses	Covered Medical Expenses for the charges of an anesthetist and an assistant surgeon during a surgical procedure for surgical services performed during a surgical operation are payable as follows: ***Preferred Care:*** 80% of the Surgical Allowance. ***Non-Preferred Care:*** 80% of the Surgical Allowance.

Outpatient Benefits	
All Covered Medical Expenses for services are payable up to a maximum of **$1,500** for each covered Sickness unless otherwise stated. Covered Medical Expenses include, but are not limited to: Physician's office visits, hospital or outpatient department or emergency room visits, durable medical equipment, physical therapy, clinical lab, radiological facility or other similar facility licensed by the state.	
Physician's Office Visit Expenses	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge after a **$10** Copay per visit. ***Non-Preferred Care:*** 90% of the Reasonable Charge after a **$10** Deductible per Sickness.
Emergency Care Expenses	Covered Medical Expenses for treatment of an Emergency Medical Condition are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge after a **$10** Copay per visit. ***Non-Preferred Care:*** 90% of the Reasonable Charge after a **$10** Deductible per Sickness.
Lab and X-ray Expenses *(Non-Hospital)*	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge after a **$10** Copay per visit. ***Non-Preferred Care:*** 90% of the Reasonable Charge after a **$10** Deductible per Sickness.
Mental Health and Substance Abuse Benefits	
Inpatient Expenses – Mental or Emotional Illness or Disorder	Covered Medical Expenses for the treatment of a mental health condition while confined as an inpatient in a hospital or facility licensed for such treatment are payable on the same basis as for any other Sickness. Covered Medical Expenses also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis by contacting Chickering Claims Administrators, Inc. When approved, benefits will be payable in place of an inpatient admission, whereby two days of partial hospitalization may be exchanged for one day of full hospitalization.
Outpatient Expenses – Mental or Emotional Illness or Disorder	Covered Medical Expenses for the care or treatment of a mental health condition by a licensed or accredited health service organization or hospital or by a licensed practitioner are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge after a **$10** Copay per visit. ***Non-Preferred Care:*** 90% of the Reasonable Charge after a **$10** Deductible per Sickness. Benefits are payable up to a maximum of **$2,000** per Sickness.

Mental Health and Substance Abuse Benefits (continued)	
Inpatient Expenses – Alcohol and Substance Abuse	Covered Medical Expenses for the treatment of alcohol/substance abuse while confined as an inpatient in a hospital or facility licensed for such treatment are payable on the same basis as for any other Sickness. Covered Medical also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis by contacting Chickering Claims Administrators Inc. When approved, benefits will be payable in place of an inpatient admission, whereby two days of partial hospitalization may be exchanged for one day of full hospitalization.
Outpatient Expenses – Alcohol and Substance Abuse	Covered Medical Expenses for the care or treatment of alcohol/substance abuse by a licensed or accredited health service organization or hospital or by a fully licensed practitioner are payable on the same basis as for any other Sickness.
Other Benefits	
Ambulance Expenses	Covered Medical Expenses are payable at 100% of the Reasonable Charge to a maximum set by the Department of Public Health in accordance with Connecticut General Statutes section 19a-177 when required due to the emergency nature of a covered Sickness.
Dental Expenses	Covered Medical Expenses are payable on the same basis as for any other surgical expense for the removal of impacted wisdom teeth up to a maximum of **$3,000** per Sickness.
High Cost Procedure Expenses *(Diagnostic Allowance includes MRI, CAT Scan, Echocardiogram, etc.)*	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 80% of the Negotiated Charge. ***Non-Preferred Care:*** 80% of the Reasonable Charge. Covered Medical Expenses are subject to a **$1,500** benefit maximum per covered Sickness.
Prescription Drug Expenses	Covered Medical Expenses for outpatient Prescription Drugs associated with a covered Sickness or covered Accident occurring during the Policy Year, are payable as follows: ***Preferred Care:*** 100% of Negotiated Charge. ***Non-Preferred Care:*** 90% of Reasonable Charge for each Prescription Drug dispensed at a Non-Participating Pharmacy. **Please note:** You are required to pay in full at the time of service for all Prescriptions dispensed at a Non-Participating Pharmacy. Covered Medical Expenses are payable up to a maximum of **$2,000** per Policy Year.

Other Benefits (continued)	
Prescription Drug Expenses *(continued)*	Medications not covered by this benefit include, but are not limited to: allergy sera, drugs whose sole purpose is to promote or to stimulate hair growth, appetite suppressants, smoking deterrents, immunization agents and vaccines, and non-self injectables. Coverage for the following state mandated benefits will be covered the same as any other benefits covered by this Plan unless otherwise indicated.
Women's Health Benefit Expenses *(No Referral Required)*	Covered Medical Expenses include expenses for an annual Pap smear on the same basis as any outpatient expenses for women age 18 and older. If follow-up diagnostic Pap smears are Medically Necessary, they will be covered on the same basis as any other outpatient expense.

Mammogram Expenses *(No Referral Required)*	Covered Medical Expenses are payable on the same basis as any other expense. Coverage is provided for:
	• one or more mammograms a year, as recommended by a doctor, for any woman who is at risk for breast cancer. For purposes of this benefit, "at risk" means:
	  • the woman has a personal history of breast cancer;
	  • the woman has a personal history of biopsy-proven benign breast disease; or
	  • the woman's mother, sister, or daughter has or has had breast cancer;
	• a baseline mammogram for a woman aged 35 to 40 years; and,
	• an annual mammogram for a woman aged 40 or older, or more frequently if recommended by the woman's Physician.
	• comprehensive ultrasound screening of an entire breast or breasts if such screening is recommended by a Physician for a woman classified as a category 2, 3, 4 or 5 under the Breast Imaging Reporting and Data System established by the American College of Radiology.
	
	A comprehensive ultrasound screening of an entire breast or breasts if:
	(1) a mammogram demonstrates heterogeneous or dense breast tissue based on the American College of Radiology's Breast Imaging Reporting and Data System (BI-RADS); or
	(2) a woman is believed to be at risk for breast cancer due to family history or prior personal history of breast cancer, positive genetic testing or other indications as determined by a woman's Physician or advanced practice registered nurse.

Early Intervention Expenses	Medically Necessary early intervention services for a Dependent child from birth until the child's third birthday, up to a maximum benefit of **$3,200** per year and an aggregate benefit of **$9,600** over the total three-year period. No payment made under this benefit shall be applied against the Aggregate Maximum amount.
Hypodermic Needles or Syringes Expenses	Doctor prescribed hypodermic needles or syringes for the purpose of administering medications for medical conditions, provided such medications are covered under this Plan.

Other Benefits (continued)	
Maternity Expenses *(No Referral Required)*	Covered Medical Expenses for pregnancy, childbirth, and complications of pregnancy are payable on the same basis as any other Sickness. In the event of an inpatient confinement, such benefits would be payable for inpatient care of the Covered Person, and any newborn child, for a minimum of 48 hours after a vaginal delivery and for a minimum of 96 hours after a cesarean delivery. Any decision to shorten such minimum coverages shall be made by the attending Physician in consultation with the mother and done in accordance with the rules and regulations promulgated by the Department of Public Health. In such cases, Covered Medical Expenses may include home visits, parent education, and assistance and training in breast or bottle feeding.
Tumor and Leukemia Expenses	Surgical removal of tumors and treatment of leukemia, including outpatient chemotherapy, reconstructive surgery, cost of any non-dental prosthesis including maxillo-facial prosthesis used to replace anatomic structures lost during treatment for head and neck tumors or additional appliances essential for the support of such prosthesis, and outpatient chemotherapy following surgical procedure in connection with the treatment of tumors. Such benefits shall be subject to the same terms and conditions applicable to all other benefits under this Plan. We will pay a Policy Year benefit of: 1) **$1,000** for the removal of any breast implant; 2) **$700** for the surgical removal of tumors; 3) **$700** for reconstructive surgery; 4) **$700** for outpatient chemotherapy; and 5) **$700** for prosthesis, except that for the purposes of the surgical removal of breast due to tumors, the Policy Year benefit for prosthesis shall be at least **$350** for each breast.
Home Health Care Expenses	Expenses for covered home health aide service in lieu of hospitalization, except if diagnosed by a doctor as terminally ill with a prognosis of six months or less to live. Covered Medical Expenses are payable as described below if expenses are incurred within the first 12 months from the date of the first home health care visit. A **$50** annual Deductible applies. ***Preferred Care:*** 75% of the Negotiated Charge. ***Non-Preferred Care:*** 75% of the Reasonable Charge. Covered Medical Expenses are payable up to a maximum of 80 visits per Policy Year. Four hours of home health aide services shall be considered one home health care visit. Covered Medical Expenses include, but are not limited to: 1) Part-time nursing care by or supervised by a registered nurse (RN); 2) Part-time home health aide service which consists mainly of caring for the patient;

Other Benefits (continued)	
Home Health Care Expenses *(continued)*	3) Physical, occupational, or speech therapy; or, 4) Medical supplies, drugs, medicines, and lab tests prescribed by a Physician. 5) Each four hours of home health aide will count as one visit. In the case of a terminally ill Covered Person, no more than **$200** for medical social services for any 12-month period will be paid for covered services.
Diabetic Treatment and Supplies Expenses *(Please Note: Insulin, syringes and diabetic testing supplies are covered under the Prescription Drug portion of the Plan)*	Covered Medical Expenses incurred for diabetic treatment, other than those provided under the Prescription Drug portion of the Plan, are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge. ***Non-Preferred Care:*** 90% of the Reasonable Charge.
Craniofacial Disorders Expenses	Covered Medical Expenses include charges incurred for orthopedic processes and appliances for treatment of craniofacial disorders for Covered Persons age 18 or younger. Covered Medical Expenses are payable on the same basis as any other expense.
Lyme Disease Treatment Expenses	Covered Medical Expenses include not less than 30 days of intravenous antibiotic therapy, 60 days of oral antibiotic therapy, or both, and further treatment if recommended by a rheumatologist, infectious disease specialist or neurologist.
Hearing Aids for Children Expenses	Covered Medical Expenses include hearing aids for children 12 years of age and younger up to **$1,000** in a 24 month period.
Prostate Cancer Screening Expenses	Covered Medical Expenses include, but are not limited to, prostate specific antigen (PSA) tests, to screen for prostate cancer for men who are symptomatic, whose biological father or brother have been diagnosed with prostate cancer, and for all men aged 50 and older. Covered Medical Expenses are payable on the same basis as any other expense.
Colorectal Cancer Screening Expenses	Covered Medical Expenses include charges incurred by a Covered Person who is non-symptomatic and age 50 or more or who is symptomatic and under age 50 for colorectal cancer examination and for the following tests: • One fecal occult blood test every 12 consecutive months; • A sigmoidoscopy at age 50 and every three years thereafter; • One digital rectal exam every 12 consecutive months; • A double contrast barium enema every five years; and, • A colonoscopy every 10 years. Covered Medical Expenses are payable on the same basis as any expense.

Other Benefits (continued)	
Prescription Contraceptive Expenses	Covered Medical Expenses are payable on the same basis as any expense. Covered Medical Expenses also include any expenses incurred for office visits in conjunction with the administration of a covered Prescription contraceptive. Coverage of oral contraceptives, Lunelle, Depo-Provera, Patch and Ring are provided under the separate Prescription Drug Benefit portion of the Plan.
Cancer Routine Care Expenses	Covered Medical Expenses include routine patient care costs associated with cancer clinical trials.
Preventative Pediatric Care Expenses	Benefits will be provided for periodic reviews every two months between birth to six months, every three months between nine to 18 months, and then annually from two to six years. Services must be provided by or under the supervision of a single Physician during the course of a visit. Preventative Pediatric Care means the periodic review of a Dependent child's physical and emotional health from birth through six years of age by or under the supervision of a Physician. Periodic reviews shall include a medical history, complete physical examination, developmental assessment, anticipatory guidance, appropriate immunizations and laboratory tests in keeping with prevailing medical standards.
Chiropractic Care Expenses	Covered Medical Expenses will be payable for services rendered by a licensed chiropractor, to the same extent coverage is provided for services rendered by a Physician, if such chiropractic services: 1) treat a condition covered under this Plan; and 2) are within those services a chiropractor is licensed to perform. Paid same as Physician benefit.
Inherited Metabolic Disease Expenses	Covered Medical Expenses include therapeutic treatment of Inherited Metabolic Disease, including the purchase of amino acid modified preparations and Low Protein Modified Food Products, when prescribed by and administered under the direction of a Physician on the same basis as any other Sickness. Inherited Metabolic Disease means a disease for which newborn screening is required under Connecticut law and is caused by an inherited abnormality of body chemistry. Low Protein Modified Food Product means a product formulated to have less than one gram of protein per serving and intended for the dietary treatment of an Inherited Metabolic Disease under the direction of a Physician.

Other Benefits (continued)	
Mastectomy, Reconstructive Breast Surgery or Lymph Node Dissection Expenses	Covered Medical Expenses for such surgery will be paid under the Surgery Benefits. Coverage will be provided for at least 48 hours of inpatient care following a mastectomy or lymph node surgery. Coverage will be provided for longer periods of inpatient care if it is recommended by the patient's treating Physician after conferring with the patient. We will also provide benefits for the reasonable costs of reconstructive surgery on each breast on which a mastectomy has been performed, and reconstructive surgery on a non-diseased breast to produce a symmetrical appearance. This benefit is subject to the same terms and conditions applicable to all other benefits under this Policy.
Occupational Therapy Expenses	Covered Medical Expenses will be considered at 80% of Reasonable Charges, for the expenses incurred for occupational therapy received by a Covered Person as the result of a Covered Accident.
Ostomy Appliances and Supplies Expenses	Covered Medical Expenses incurred by a Covered Person which are Medically Necessary expenses for surgical treatments that end in the phrase "ostomy" as defined in Connecticut law. We will pay the Ostomy Appliances and Supplies Expenses up to a maximum benefit of **$1,000** per condition. Under Connecticut law, Ostomy Appliances and Supplies include, but are not limited to, collection devices, irrigation equipment and supplies, skin barriers and skin protectors.
Pain Management Benefit Expenses	Covered Medical Expenses include expenses incurred by a Covered Person for treatment by or under the management of a pain management specialist. We will also pay the expenses incurred for pain treatment ordered by such specialist. Such treatment may include all means necessary to make a diagnosis and develop a treatment plan including the use of necessary medications and procedures.
Anesthesia and In-hospital Dental Services Expenses	Covered Medical Expenses incurred for Medically Necessary in or out patient treatment or one day dental treatment for a Covered Person who is determined by a licensed dentist, in conjunction with a Physician, to have a dental condition of significant dental complexity that it requires certain dental procedures to be performed in a hospital or has a developmental delay disability if a Physician determines Medically Necessary.
Specialized Formula Expenses	When Medically Necessary for children up to age three for the treatment of a disease or condition and administered under the direction of a Physician as specified in Public Act 01-101.
Neuropsychological Testing for Children with Cancer *(Prior authorization is not required)*	Covered Medical Expenses include neuropsychological testing ordered by a Physician to assess the extent chemotherapy or radiation treatment has caused a child to have cognitive or developmental delays. Coverage is applicable to Covered Dependent children diagnosed with cancer on or after 1/1/2000 and is payable as any other illness.

Other Benefits (continued)	
Infertility Treatment Expenses	Covered Medical Expenses include Medically Necessary expenses of the diagnosis and treatment of infertility, including but not limited to: 1) Ovulation induction; 2) Intrauterine insemination; 3) In-vitro fertilization; 4) Uterine embryo lavage; 5) Embryo transfer; 6) Gamete intra-fallopian transfer; 7) Zygote intra-fallopian transfer; and 8) Low tubal ovum transfer. Coverage may be limited as follows: 1) Starting at age 40; 2) For ovulation induction: a lifetime maximum of four cycles; 3) For intrauterine insemination: a lifetime maximum of three cycles; 4) For in-vitro fertilization, gamete intra-fallopian transfer, zygote intra-fallopian transfer, or low tubal ovum transfer: lifetime maximum of two cycles, with not more than two embryo implantations per cycle provided that each such fertilization/transfer is credited toward such maximum as one cycle; 5) Coverage for in-vitro fertilization, gamete intra-fallopian transfer, zygote intra-fallopian transfer and low tubal ovum transfer may be limited to those unable to conceive or produce conception or sustain a successful pregnancy through less expensive and medically viable infertility treatment or procedures covered under the Policy; 6) Treatment or procedures may be required to be performed at facilities that conform to the standards and guidelines of the American Society for Reproductive Medicine or the Society of Reproductive Endocrinology and Infertility; 7) Coverage may be limited to those who have had coverage for at least 12 months; 8) Insurers may require disclosure by the individual seeking such coverage to the individuals' existing health carrier of any previous infertility treatment or procedures received under a different policy. The disclosure must be made on a form and manner prescribed by the Commissioner.

General Provisions

State Mandated Benefits

The Plan will always pay benefits in accordance with any Connecticut State Insurance Law(s) that apply.

Subrogation/Reimbursement Right of Recovery Provision

Immediately upon paying or providing any benefit under this Plan, Aetna shall be subrogated to all rights of recovery a Covered Person has against any party potentially responsible for making any payment to a Covered Person, due to a Covered Person's Injuries or illnesses, to the full extent of benefits provided, or to be provided by Aetna. In addition, if a Covered Person receives any payment from any potentially responsible party, as a result of an Injury or illness, Aetna has the right to recover from, and be reimbursed by, the Covered Person for all amounts this Plan has paid, and will pay as a result of that Injury or illness, up to and including the full amount the Covered Person receives, from all potentially responsible parties. A "Covered Person" includes, for the purposes of this provision, anyone on whose behalf this Plan pays or provides any benefit, including but not limited to the minor child or Dependent of any Covered Person, entitled to receive any benefits from this Plan.

As used in this provision, the term "responsible party" means any party possibly responsible for making any payment to a Covered Person or on a Covered Person's behalf due to a Covered Person's Injuries or illness or any insurance coverage responsible making such payment, including but not limited to:

- Uninsured motorist coverage;
- Underinsured motorist coverage;
- Personal umbrella coverage;
- Med-pay coverage;
- Workers compensation coverage;
- No-fault automobile insurance coverage; or
- Any other first party insurance coverage.

The Covered Person shall do nothing to prejudice Aetna's subrogation and reimbursement rights. The Covered Person shall, when requested, fully cooperate with Aetna's efforts to recover its benefits paid. It is the duty of the Covered Person to notify Aetna within 45 days of the date when any notice is given to any party, including an attorney, of the intention to pursue or investigate claim, to recover damages, due to Injuries sustained by the Covered Person.

The Covered Person acknowledges that this Plan's subrogation and reimbursement rights are a first priority claim against all potential responsible parties, and are to be paid to Aetna before any other claim for the Covered Person's damages. This Plan shall be entitled to full reimbursement first from any potential responsible party payments, even if such payment to the Plan will result in a recovery to the Covered Person, which is insufficient to make the Covered Person whole, or to compensate the Covered Person in part or in whole for the damages sustained. This Plan is not required to participate in or pay attorney fees to the attorney hired by the Covered Person to pursue

the Covered Person's damage claim. In addition, this Plan shall be responsible for the payment of attorney fees for any attorney hired or retained by this Plan. The Covered Person shall be responsible for the payment of all attorney fees for any attorney hired or retained by the Covered Person or for the benefit of the Covered Person.

The terms of this entire subrogation and reimbursement provision shall apply. This Plan is entitled to full recovery regardless of whether any liability for payment is admitted by any potentially responsible party, and regardless of whether the settlement or judgment received by the Covered Person identifies the medical benefits this Plan provided. This Plan is entitled to recover from any and all settlements or judgments, even those designated as "pain and suffering" or "non-economic damages" only.

In the event any claim is made that any part of this subrogation and reimbursement provision is ambiguous or questions arise concerning the meaning or intent of any of its terms, the Covered Person and this Plan agree that Aetna shall have the sole authority and discretion to resolve all disputes regarding the interpretation of this provision.

Additional Services and Discounts

As a participant in the Student Accident and Sickness Insurance Plan, you can also take advantage of the following services, discounts, and programs. These services, discounts, and programs are not underwritten by Aetna.

Vision One® Discount Program	The Vision One Discount Program helps you save on many eye care products, including eyeglasses, contact lenses, non-prescription sunglasses, contact lens solutions and other eye care accessories. Plus, you can receive up to a 25% discount on LASIK surgery (the laser vision correction procedure). Call **(800) 793-8616** for additional program information and provider locations, or simply log on to ***www.chickering.com***, click on "Find Your School" and enter your school name to find a Vision One provider near you.
Informed Health® Line Service	Aetna's Informed Health® Line gives you easy access to credible health information. All Informed Health Line services are available 24 hours a day, 365 days a year on demand from any touch-tone phone or computer within the United States (including Alaska and Hawaii). **1. 24-Hour Nurse Line** Call our toll-free number to access registered nurses* who are experienced in providing information on a variety of health topics. The nurses can help you: • Learn about medical procedures and possible treatment options. • Improve the way you communicate with your health care providers. Find out how to describe health symptoms more effectively, ask the right questions and provide a clear history of your eating, exercise and lifestyle habits.

Additional Services and Discounts (continued)	
Informed Health® Line Service *(continued)*	To reach an Informed Health® Line Nurse, please call **(800) 556-1555**. For TDD (hearing and speech impaired only), please call **(800) 270-2386**. **2. Audio Health Library** The Informed Health® Line audio health library contains information on thousands of health topics such as common conditions and diseases, gender- and age-specific health issues, dental care, mental health and substance abuse, weight loss and much more. To access the audio health library system, call the Informed Health Line toll-free number and simply enter the topic codes you're interested in. And if you have questions, you can transfer easily to an Informed Health Line nurse at any time. To access the Informed Health Line audio health library, please call **(800) 556-1555**. For TDD (hearing and speech impaired only), please call **(800) 270-2386**. **3. Healthwise® Knowledgebase** If you prefer to view health information online, simply log on to your Aetna Navigator account and click on "Take Action On Your Health" which will link you to the Healthwise® Knowledgebase, one of the most advanced health databases available. The Healthwise Knowledgebase contains detailed information about health conditions, medical tests and procedures, medications and treatment options. It also features illustrations and decision-focused tools to help you make more informed health care decisions. **Informed Health Line nurses cannot diagnose, prescribe or give medical advice. Contact your Physician with any questions or concerns regarding your health care needs. Also, the topics discussed by the nurses, on the audio tapes or online may not necessarily be covered by your health Plan.*
Fitness Program	Aetna's Fitness Program, offered in conjunction with GlobalFit™, offers discounted membership rates at over 1,500 independent fitness clubs nationwide, as well as discounts on certain home exercise equipment. There are no long term contracts and GlobalFit offers convenient payment options. Contact Chickering Claims Administrators, Inc. for more information.

Additional Services and Discounts (continued)	
Aetna Natural Products and Services Program℠	Save money on many alternative therapies and products through our Aetna Natural Products and Services Program. Take advantage of discounted rates on chiropractic manipulation, acupuncture and massage therapy, and nutritional counseling. Through participating retailers, you can also save on vitamins, supplements, and natural products such as aromatherapy, yoga tools, and homeopathy. These participating providers and vendors are independent contractors and are neither agents nor employees of the Connecticut State University, System Chickering, or Aetna.

Optional Dental Benefits	
Vital Savings℠ on Dental by Aetna	Vital Savings on Dental by Aetna offers you a great way to get significant discounts on dental services. The Vital Savings dental discount card gives you access to substantial savings on dental care. The cost is **$25** for students for annual membership **September 1, 2007** through **August 31, 2008**. For complete details and to enroll, visit ***www.chickering.com***. Click on "Find Your School" and search by school name.
Aetna Dental PPO Insurance Plan	With the Aetna Dental PPO Insurance Plan, you can choose to visit a participating or non-participating dentist for care. Enroll and search dentists online at ***www.chickering.com***; click on "Find Your School." The cost to enroll in the Aetna Dental PPO Insurance Plan is as follows: **Student:** $372 **Student + 1 Dependent:** $763 **Student + 2 or more Dependents:** $876 Full benefits and Plan highlights for the Dental PPO Insurance Plan are available online under your University's webpage at ***www.chickering.com***.

Definitions

Accident: An occurrence which (a) is unforeseen, (b) is not due to or contributed to by Sickness or disease of any kind, and (c) causes Injury.

Actual Charge: The Actual Charge made for a covered service by the provider that furnishes it.

Aggregate Maximum: The maximum benefit that will be paid under the Policy for all Covered Medical Expenses incurred by a Covered Person that accumulate from one Policy Year to the next.

Brand-Name Prescription Drug or Medicine: A Prescription Drug which is protected by trademark registration.

Copay: The amount that must be paid by the Covered Person at the time services are rendered by a Preferred Provider. Copay amounts are the responsibility of the Covered Person.

Covered Medical Expenses: Those charges for any treatment, service, or supplies covered by the Policy which are: (a) not in excess of the Reasonable Charges; or, (b) not in excess of the charges that would have been made in the absence of this coverage; and, (c) incurred while the Policy is in force as to the Covered Person except with respect to any expenses payable under the Extension of Benefits provision.

Covered Person: A covered student and any covered dependent whose coverage is in effect under the Policy. See the Eligibility sections of this Brochure for additional information.

Deductible: A specific amount of Covered Medical Expenses that must be incurred and paid for by the Covered Person before benefits are payable under the Plan. Deductible amounts are the responsibility of the Covered Person.

Elective Treatment: Medical treatment which is not necessitated by a pathological change in the function or structure in any part of the body occurring after the Covered Person's effective date of coverage. Elective Treatment includes, but is not limited to: tubal ligation; vasectomy; breast reduction, except as specifically provided elsewhere in the Policy; sexual reassignment surgery; treatment for weight reduction; temporomandibular joint (TMJ) dysfunction; immunization, except as specifically provided elsewhere in the Policy; vaccines; and routine physical examinations.

Emergency Medical Condition: This means a recent and severe medical condition, including, but not limited to, severe pain, which would lead a prudent layperson possessing an average knowledge of medicine and health, to believe that their condition, Sickness, or Injury is of such a nature that failure to get immediate medical care could result in:

- Placing the person's health in serious jeopardy; or
- Serious impairment to bodily function; or
- Serious dysfunction of a body part or organ; or
- In the case of a pregnant woman, serious jeopardy to the health of the fetus.

It does include an Accident or serious illness such as heart attack, stroke, poisoning, loss of consciousness or respiration, and convulsions. It does not include elective care, routine care, or care for non-emergency illness.

If a Covered Person believes that they may have an emergency condition, they may call the **911** telephone number for police and ambulatory assistance. Aetna will determine if a condition is an emergency condition, based upon whether or not a prudent layperson, acting reasonably, would have believed that emergency medical treatment is needed.

Generic Prescription Drug or Medicine: A Prescription Drug that is not protected by trademark registration, but is produced and sold under the chemical formulation name.

Injury: Bodily Injury caused by an Accident; this includes related conditions and recurrent symptoms of such Injury.

Medically Necessary: A service or supply that is necessary and appropriate, for the diagnosis or treatment of a Sickness or Injury, based on generally accepted current medical practice.

In order for a treatment, service, or supply to be considered Medically Necessary, the service or supply must:

- Be care or treatment which is likely to produce as significant positive outcome as any alternative service or supply, both as to the Sickness or Injury involved and the person's overall health condition. It must be no more likely to produce a negative outcome than any alternative service or supply, both as to the Sickness or Injury involved and the person's overall health condition;
- Be a diagnostic procedure which is indicated by the health status of the person. It must be as likely to result in information that could affect the course of treatment as any alternative service or supply, both as to the Sickness or Injury involved and the person's overall health condition. It must be no more likely to produce a negative outcome than any alternative service or supply, both as to the Sickness or Injury involved and the person's overall health condition; and
- As to diagnosis, care, and treatment, be no more costly (taking into account all health expenses incurred in connection with the treatment, service, or supply) than any alternative service or supply to meet the above tests.

In determining if a service or supply is appropriate under the circumstances, Aetna will take into consideration:

- Information relating to the affected person's health status;
- Reports in peer reviewed medical literature;
- Reports and guidelines published by nationally recognized health care organizations that include supporting scientific data;

- Generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care, or treatment;
- The opinion of health professionals in the generally recognized health specialty involved; and
- Any other relevant information brought to Aetna's attention.

In no event will the following services or supplies be considered to be Medically Necessary:

- Those that do not require the technical skills of a medical, mental health, or dental professional; or
- Those furnished mainly for the personal comfort, or convenience, of the person, any person who cares for him or her, or any person who is part of his or her family, any health care provider, or health care facility; or
- Those furnished solely because the person is an inpatient on any day on which the person's Sickness or Injury could safely and adequately be diagnosed or treated while not confined; or
- Those furnished solely because of the setting if the service or supply could safely and adequately be furnished, in a Physician's or a dentist's office, or other less costly setting.

Negotiated Charge: The maximum charge a Preferred Care Provider has agreed to make as to any service or supply for the purpose of the benefits under the Plan.

Non-Preferred Care: A health care service or supply furnished by a health care provider that is not a Preferred Care Provider, if, as determined by Aetna: (a) the service or supply could have been provided by a Preferred Care Provider; and, (b) the provider is of a type that falls into one or more of the categories of providers listed in the Directory.

Non-Preferred Care Provider (or Non-Preferred Provider): A health care provider that has not contracted to furnish services or supplies at a Negotiated Charge.

Non-Preferred Pharmacy: A Pharmacy not party to a contract with Aetna, or a Pharmacy that is party to such a contract but which does not dispense Prescription Drugs in accordance with its terms.

Pharmacy: An establishment where Prescription Drugs are legally dispensed.

Physician: A legally qualified Physician, licensed by the state in which they practice, and any other practitioner who must, by law, be recognized as a doctor legally qualified to render treatment.

Pre-Existing Condition: Any Injury, Sickness, or condition that was diagnosed or treated, or would have caused a person to seek diagnosis or treatment within three months prior to the Covered Person's effective date of insurance.

If a student has continuous coverage under the Connecticut State University Student Health Insurance Plan from one year to the next, an Accident or Sickness that first manifests itself during a prior year's coverage shall not be considered a Pre-Existing Condition.

Preferred Care: Care provided by a Preferred Care Provider, or any health care provider for an emergency condition when travel to a Preferred Care Provider is not feasible.

Preferred Care Provider (or Preferred Provider): A health care provider that has contracted to furnish services or supplies for a Negotiated Charge; but only if: (a) the provider is, with Aetna's consent, included in the Directory as a Preferred Care Provider for the service or supply involved; and, (b) the class of which the Covered Person is a member.

Preferred Pharmacy: A Pharmacy which is party to a contract with Aetna to dispense drugs to persons covered under the Policy, but only while the contract remains in effect and when the Pharmacy dispenses a Prescription Drug under the terms of its contract with Aetna.

Prescription: An order of a prescriber for a Prescription Drug. If it is an oral order, it must be promptly put in writing by the Pharmacy.

Reasonable Charge: Only that part of a charge which is reasonable is covered. The Reasonable Charge for a service or supply is the lowest of:

- The provider's usual charge for furnishing it;
- The charge Aetna determines to be appropriate, based on factors such as the cost of providing the same or a similar service or supply and the manner in which charges for the service or supply are made;
- The charge Aetna determines to be the prevailing charge level made for it in the geographic area where it is furnished.

In some circumstances, Aetna may have an agreement, either directly or indirectly through a third party, with a provider which sets the rate that Aetna will pay for a service or supply. In these instances, in spite of the methodology described above, the Reasonable Charge is the rate established in such agreement.

In determining the Reasonable Charge for a service or supply that is:

- Unusual; or
- Not often provided in the area; or
- Provided by only a small number of providers in the area, Aetna may take into account factors, such as:
  - The complexity;
  - The degree of skill needed;
  - The type of specialty of the provider;
  - The range of services or supplies provided by a facility; and
  - The prevailing charge in other areas.

Sickness: A disease or illness including related conditions and recurrent symptoms of the Sickness. Sickness also includes pregnancy and complications of pregnancy.

Exclusions

The Plan neither covers nor provides benefits for the following:

1. Expenses incurred as a result of dental treatment, except for: (a) Injury to sound, natural teeth; or (b) extraction of impacted wisdom teeth as provided elsewhere in the Policy.

2. Expenses incurred for services normally provided without charge by the Policyholder's health service, infirmary, or hospital, or by health care providers employed by the Policyholder.

3. Expenses incurred for eye refractions, vision therapy, radial keratotomy, eyeglasses, contact lenses (except when required after cataract surgery), or other vision or hearing aids, or Prescriptions or examinations except as required for repair caused by a covered Injury.

4. Expenses incurred as a result of an Accident occurring in consequence of riding as a passenger, or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular, published schedules on a regularly established route.

5. Expenses incurred as a result of an Injury or Sickness for which benefits are payable under any Workers' Compensation or Occupational Disease Law. This exclusion will not apply to the following:

- A Covered Person who is a sole proprietor or business owner who is not covered under Connecticut State Statutes Chapter 568-Workers' Compensation Act (Chapter 568), or, who accepts the provisions of Chapter 568, Section 31-275(10); and
- A Covered Person who is a corporate officer of a Corporation, whether or not they are excluded, or have requested exclusion, from coverage under Chapter 568 as allowed by Connecticut State Statutes, Section 31-275(9)(B)(V).

6. Expenses incurred as a result of Injury sustained or Sickness contracted while in the service of the armed forces of any country. Upon the Covered Person entering the armed forces of any country, the unearned pro-rata premium will be refunded to the Policyholder.

7. Expenses incurred for treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance.

8. Expenses incurred for plastic surgery, cosmetic surgery, reconstructive surgery, or other services and supplies that improve, alter, or enhance appearance, whether or not for psychological or emotional reasons. This exclusion will not apply to the extent needed to:

a) Improve the function of a part of the body that is not a tooth or structure that supports the teeth, and is malformed as a result of a severe birth defect (including harelip and webbed fingers or toes), or as direct result of disease, or from surgery performed to treat a Sickness or Injury.

b) Repair an Injury (including reconstructive surgery for a prosthetic device for a Covered Person who has undergone a mastectomy) which occurs while the Covered Person is covered under the Plan. Surgery must be performed in the Policy Year of the Accident which causes the Injury or in the next Policy Year.

9. Expenses for Injuries sustained as a result of a motor vehicle Accident to the extent that benefits are payable under other valid and collectible insurance, whether or not a claim is made for such benefits.

10. Expenses incurred for a treatment, service, or supply, which is not Medically Necessary, as determined by Aetna, for the diagnosis, care, or treatment, of the Sickness or Injury involved. This applies even if they are prescribed, recommended, or approved, by the person's attending Physician or dentist.

In order for a treatment, service, or supply, to be considered Medically Necessary, the service or supply must:

- Be care, or treatment, which is likely to produce a significant positive outcome as, and no more likely to produce a negative outcome than, any alternative service or supply, both as to the Sickness or Injury involved, and the person's overall health condition;
- Be a diagnostic procedure which is indicated by the health status of the person, and be as likely to result in information that could affect the course of treatment as, and no more likely to produce a negative outcome than, any alternative service or supply, both as to the Sickness or Injury involved, and the person's overall health condition; and
- As to diagnosis, care, and treatment, be no more costly (taking into account all health expenses incurred in connection with the treatment, service, or supply), than any alternative service or supply to meet the above tests.

In determining if a service or supply is appropriate under the circumstances, Aetna will take into consideration:

- Information relating to the affected person's health status;
- Reports in peer reviewed medical literature;
- Reports and guidelines published by nationally recognized health care organizations that include supporting scientific data;
- Generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care, or treatment;
- The opinion of health professionals in the generally recognized health specialty involved; and
- Any other relevant information brought to Aetna's attention.

In no event will the following services or supplies be considered to be Medically Necessary:

- Those that do not require the technical skills of a medical, mental health, or dental professional; or
- Those furnished mainly for the personal comfort or convenience of the person, any person who cares for him or her, or any person who is part of his or her family, any health care provider, or health care facility; or

- Those furnished solely because the person is an inpatient on any day on which the person's Sickness or Injury could safely, and adequately, be diagnosed, or treated, while not confined, or those furnished solely because of the setting, if the service or supply could safely and adequately be furnished in a Physician's or a dentist's office, or other less costly setting.

11. Expenses incurred for any services rendered by a member of the Covered Person's immediate family or a person who lives in the Covered Person's home.

12. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.

13. Expenses incurred for services normally provided without charge by the school and covered by the school fee for services.

14. Expenses incurred as a result of a Covered Person's commission of a felony.

15. Expenses incurred for voluntary or elective abortions, unless otherwise provided in the Policy.

16. Expenses incurred as part of services or supplies that are, as found by Aetna, to be experimental or investigational. A drug, device, procedure, or treatment will be found to be experimental or investigational if:

- There is not enough outcomes data available from controlled clinical trials published in the peer reviewed literature to confirm its safety and effectiveness for the disease, or Injury involved; or
- If required by the FDA, approval has not been granted for marketing; or
- A recognized national medical or dental society, or regulatory agency has found, in writing, that it is experimental, investigational, or for research purposes; or
- The written protocol(s) used by the treating facility, or the protocol(s) of any other facility studying substantially the same drug, device, procedure, or treatment, or the written informed consent used by the treating facility or by another facility studying the same drug, device, procedure, or treatment states that it is experimental, investigational, or for research purposes.

However, this exclusion will not apply with respect to services, or supplies (other than drugs), received due to a disease, if Aetna finds that:

- The disease can be expected to cause death within one year, in the absence of effective treatment; and
- The care or treatment is effective for that disease, or shows promise of being effective for that disease as shown by scientific data. In making this finding, Aetna will take into account the results of a review by a panel of independent medical professionals. They will be selected by Aetna. This panel will include professionals who treat the type of disease involved.

Also, this exclusion will not apply with respect to drugs that:

- Have been granted treatment investigational new drug (IND), or Group Treatment IND status; or

- Are being studied at the Phase III level in a national clinical trial sponsored by the National Cancer Institute, if Aetna finds that available scientific evidence shows that the drug is effective, or shows promise of being effective, for the disease.

17. Expenses for treatment of Injury or Sickness to the extent payment is made, as a judgment or settlement, by any person deemed responsible for the Injury or Sickness (or their insurers) in accordance with Connecticut law or regulation.

18. Expenses incurred for, or related to, sex change surgery or to any treatment of gender identity disorders.

19. Those for routine physical exams, routine vision exams, routine dental exams, routine hearing exams, immunizations, or other preventive services and supplies, except to the extent coverage for such exams, immunizations, services, or supplies is specifically provided in the Policy.

20. Expenses incurred for breast reduction/mammoplasty.

21. Expenses for treatment of covered students who specialize in the mental health care field, and who receive treatment as part of their training in that field.

22. Expenses for: (a) care of flat feet; (b) supportive devices for the foot; (c) care of corns, bunions, or calluses; (d) care of toenails; and (e) care of fallen arches, weak feet, or chronic foot strain, except that (c) and (d) are not excluded when Medically Necessary, because the Covered Person is diabetic, or suffers from circulatory problems.

23. Expenses incurred for elective treatment or elective surgery except as specifically provided elsewhere in the Policy and performed while the Policy is in effect.

24. Expenses arising as a result of a Pre-Existing Condition.

Any exclusion listed will not apply to the extent that coverage is required under any law that applies to the coverage.

Extension of Benefits

If a Covered Person is confined to a hospital on the date their insurance terminates, expenses incurred after the termination date and during the continuance of that hospital confinement shall be payable in accordance with the Policy, but only while they are incurred during the 90-day period following such termination of insurance.

For those students who have graduated from the University, or who are no longer eligible to enroll in the Plan because they have lost their eligibility status, the Plan will pay expenses incurred within 104 weeks of the date of a covered Accident or within 52 weeks of the onset of a covered Sickness. This benefit allows those students to continue treatment for a condition which was established/manifested while they were insured under the Plan for up to 104/52 weeks from the date of the Accident or Sickness. Those students who continue enrollment and who have not elected to enroll in the Student Sickness Insurance Plan will have a Policy Year benefit.

Termination of Insurance

Benefits are payable under the Policy only for those Covered Medical Expenses incurred while the Policy is in effect as to the Covered Person. No benefits are payable for expenses incurred after the date the insurance terminates, except as may be provided under the Extension of Benefits provision.

Policy Cancellation

The Plan will remain in force indefinitely, but may be ceased by either party.

The Connecticut State University System may cease the Policy as to any or all coverage of all or any class of students. Aetna must be given written notice. The notice must state when such termination shall occur. It must be a date after the notice. It shall not be effective during a period for which a premium has been paid to Aetna as to the coverage.

Aetna has the right to cease the Policy only under the following conditions:

- Non-payment of premium.
- Fraud or misrepresentation of a material fact under the terms of the coverage.
- Aetna ceases to offer Student Blanket Health Insurance coverage subject to the terms of any Connecticut law or regulation.

As to non-payment of premium, Aetna has the right to cease the Policy as to all or any class of students of the Connecticut State University System at any time after the end of the grace period if the premium for student coverage has not been paid. Written notice of the termination date must be given by Aetna. This right is subject to the terms of any laws or regulations.

As to the other termination conditions, Aetna may cease the Policy in its entirety or as to any or all coverage of all or any class of students by giving the Connecticut State University advance written notice of when it will cease. The date shall not be earlier than 31 days after the date of the notice unless it is agreed to by the Connecticut State University System and Aetna.

If:

- The Policy terminates as to any of the students of Connecticut State University; and
- Premiums have not been paid for the period the Policy was in force for those students, then Connecticut State University shall be liable to Aetna for the unpaid premiums.

Claim Procedure

On occasion, the claims investigation process will require additional information in order to properly adjudicate the claim. This investigation will be handled directly by Chickering Claims Administrators, Inc. (Chickering).

Customer Service Representatives are available 8:30 a.m. to 5:30 p.m., Monday through Friday, ET for any questions.

1. Bills must be submitted within 90 days from the date of treatment.

2. Payment for Covered Medical Expenses will be made directly to the hospital or Physician concerned unless bill receipts and proof of payment are submitted.

3. In the event of a disagreement over the payment of a claim, a written request to review the claim must be mailed to Chickering within one year from the date appearing on the Explanation of Benefits.

4. Make a copy of any documentation submitted to Chickering for your records.

5. You will receive an "Explanation of Benefits" when your Claims are processed. The Explanation of Benefits will explain how your claim was processed according to the benefits of your Student Accident and Sickness Insurance Plan.

How to Appeal a Claim

In the event a Covered Person disagrees with how a claim was processed, they may request a review of the decision. The Covered Person's requests must be made in writing within 60 days of receipt of the Explanation of Benefits (EOB). The Covered Person's request must include why they disagree with the way the claim was processed. The request must also include any additional information that supports the claim (e.g., medical records, Physician's office notes, operative reports, Physician's letter of Medical Necessity, etc.). Please submit all requests to:

Chickering Claims Administrators, Inc.
P.O. Box 15717
Boston, MA 02215-0014

Chickering and Aetna have established a procedure for resolving complaints by Covered Persons. If a Covered Person has a complaint, they must follow this procedure:

- An Appeal is defined as a written request for review of a decision which has been denied in whole or in part, after consideration of any relevant information. This includes a request for claim payment, certification, eligibility or referral, etc. The address is shown above and is also shown on your ID Card.
- An Appeal must be submitted within 60 days of the date Aetna provides notice of denial.
- An acknowledgment letter will be sent to the Covered Person within five days of Aetna's receipt of the Appeal. This letter may request additional information. If so, the additional information must be submitted to Aetna within 15 days of the date of the letter.
- The Covered Person will be sent a response within 30 days of Aetna's receipt of the Appeal. The response will be based on the information provided with or subsequent to the Appeal.
- If the Appeal concerns an eligibility issue, and if additional information is not submitted to Aetna after receipt of Aetna's response, the decision is considered Aetna's final response 60 days after receipt of the Appeal. For all other Appeals, if additional information is to be submitted to Aetna after receipt of Aetna's response, it must be submitted within 15 days.
- Aetna's final response will be sent within 30 days from the date of Aetna's first response letter.
- If additional time is needed to resolve the Appeal, Aetna will provide a written notification indicating that additional time is needed, explaining why such time is needed and setting a new date for a response. The additional time shall not be extended beyond another 30 days.

- In an emergency situation involving admission to or services from an acute care hospital, if the Covered Person's Physician, or the hospital, determines that the Covered Person faces a life-threatening or other serious Injury situation, they may submit a written request for an expedited review. A response shall be given to the provider within three hours of Aetna's receipt of the request and all necessary information. If a response is not provided within this time frame the request is considered approved.
- In all other urgent or emergency situations, the Appeal procedure may be initiated by a telephone call. A verbal response to the telephone call shall be given to the provider within two business days, provided that all necessary information is available. Written notice of the decision will be sent within two business days of Aetna's verbal response. If the Covered Person is dissatisfied with Aetna's response, the Appeal procedure outlined above may be utilized. Aetna's telephone number is on the Covered Person's ID Card.
- Aetna will keep the records of any complaint for three years.

If, after completing the Appeal procedure outlined above, the Covered Person, the Covered Person's Physician, or the hospital are still dissatisfied with Aetna's response, the Covered Person may appeal the decision to the Connecticut Insurance Department. You may also seek additional information on the web page for the applicable State Insurance Department or other agency regarding your rights, including how to obtain regulatory review of member concerns. The applicable Internet address for the State Insurance Department for your Plan is: ***www.state.ct.us/cid***.

This must be done within 30 days of receipt of Aetna's final response.

Prescription Drug Claim Procedure

When obtaining a covered Prescription, please present your Chickering ID card to an Aetna Preferred Pharmacy. The Pharmacy will submit a claim to Aetna for the drug. If you fill your Prescription at a Non-Preferred Provider, you will need to pay in full at the time of service and file a claim with Aetna. Claim Forms, Pharmacy locations, and claims status information can be obtained by contacting Aetna Pharmacy Management at **(800) 238-6279**. Additionally, a listing of Pharmacy locations may be obtained by accessing the Internet at: ***www.chickering.com***. Click on "Find Your School" and search by school name.

When you need to fill a Prescription and do not have your ID card with you, you may obtain your Prescription from an Aetna Preferred Pharmacy and be reimbursed by submitting a completed Aetna Prescription Drug claim form which can be obtained on Chickering's website at ***www.chickering.com***. You will be reimbursed for covered medications directly by Aetna.

Please note you may be required to pay the difference between the retail price you paid for the drug and the amount Aetna would have paid if you had presented your ID card and the Pharmacy had billed Aetna directly. When submitting a claim, please include all Prescription receipts; indicate that you attend a CSUS University; and include your name, address and student identification number.

General Information

Service Area

Service area means the geographic area, as determined by Aetna, in which Preferred Care Providers for the Plan are located. The service area for our Managed Care Organization is the entire state of Connecticut.

Utilization Review Determinations

During the 2006/2007 Academic Year, there was a total of 78 utilization review determinations to determine medical necessity for an an admission, service, procedure or extension of stay. Sixty-eight reviews were approved and there were 10 denials.

Provider Network

A complete list of participating Providers, including the names, addresses and type of specialty, is provided in the Provider Directory. Information is also available by accessing Aetna's DocFind® Service via the Internet at: ***www.chickering.com***. Click on "Find Your School" and search by school name. Once at your University's webpage, click on the DocFind tab on the left of your screen.

Provider Reimbursement

Participating Providers are reimbursed on a discounted fee for service basis. Where the Covered Person is responsible for a Coinsurance payment based on a percentage of the bill, the Covered Person's obligation is to be determined on the basis of the charges established by contract, if any, rather than on the basis of the Provider's billed charges.

Non-Participating Providers providing covered services are compensated on a fee for service basis. Aetna Pharmacy Management negotiates discounts from independent Pharmacies, chain Pharmacies, and mail order vendors who accept our reimbursement rates for dispensing and ingredient costs in return for volume business. Our negotiated discounts are passed in full to our Plan sponsors.

The reimbursement formula is based on Average Wholesale Price (AWP) less a negotiated discount, plus a dispensing fee. The dispensing fee is a contractual fee negotiated between Aetna Pharmacy Management and the Network Pharmacy. The negotiated rate self-renews each year, unless it is changed contractually.

Where the Covered Person is responsible for a Coinsurance payment based on a percentage of the bill, the member's obligation is to be determined on the basis of the charges established by contract, if any, rather than on the basis of the Provider's billed charges.

Pre-Authorization Requirements and Grievance Procedures

All inpatient admissions must be Pre-Certified by contacting Chickering Claims Administrators, Inc. Aetna Life Insurance Company evaluates and determines the appropriateness of medical care resources utilized by their Covered Persons. To accomplish these goals, Aetna Life Insurance Company has developed a comprehensive Patient Management Program. The population demographics of the membership and the program's results are reviewed to determine the need for changes. Regional medical directors in concert with local market medical directors review this information to initiate new program development or to enhance current programs. The Patient Management Program is reviewed annually.

Only Medical Directors make decisions denying coverage for services for reasons of Medical Necessity. All such Patient Management determinations are communicated both by telephone and in writing. Decisions on appeals are made in a timely manner, as required, by the urgency of the situation. Pre-Authorization decisions are made within two business days; emergent decisions are made immediately; concurrent decisions are made within one business day; and retrospective decisions are made within 30 days of the receipt of appropriate information. If subspecialty review is required, the Focused Review process takes approximately 10 business days. Procedures that must be performed within this time frame are excluded from the Pre-Certification requirement.

Coverage denial letters delineate any unmet criteria standards and guidelines, and inform the provider and Covered Person of the appeal process.

The actual components of the Aetna Patient Management Plan include the following and apply for all products:

- Inpatient Service Authorization
- Registration of Inpatient Services
- Inpatient Pre-Certification
- Concurrent Review
- Discharge Planning
- Care Management
- Retrospective Review

Medical Loss Ratio

The anticipated medical loss ratio, or percentage of total premium revenue that will be spent on medical care for student health coverage for the calendar year ending on **December 31, 2007**, is 77.5%.

Plan Ownership and For Profit Status

Aetna is incorporated in Connecticut and is owned by Aetna, Inc. Both Aetna Life Insurance Company and Aetna, Inc. are "for profit" organizations.

Information Phone Number

A toll-free number is available for Covered Person inquiries regarding coverage and benefits, claims grievance procedures, or complaint procedures. The toll-free number for Customer Services is **(877) 375-4244**.

Specialty Referral Procedures
In the PPO product, Covered Persons can access medical services directly without first visiting the Primary Physician.

Member Satisfaction
At this time, Aetna does not conduct an annual Covered Person survey. However, on **March 15, 1999**, the Insurance Commissioner of the State of Connecticut produced an annual consumer report card on the managed care organization. This report card is available from the Connecticut Department of Insurance.

Provider/Member Discussions
In its Provider contracts and as a matter of corporate Policy, Aetna does not prohibit Network Providers from discussing with their patients alternative treatment options and the method under which they are compensated. In fact, Aetna affirmatively encourages such discussions.

Confidentiality of Medical Records and Patient Information
Aetna has adopted a comprehensive insurance Privacy Policy based on the recommendations of the Federal Privacy Protection Study Commission. The following describes certain aspects of that Policy which will apply to you as a Covered Person in a Plan of student blanket insurance insured by Aetna. The Policy does not apply where a different approach is required by law.

Information Which May be Collected
Aetna, in providing insurance services to you, relies mainly on the information you give on your Enrollment Form and when you file claims.

Aetna may also collect information about you from other sources. This is information necessary for Aetna to perform its function with regard to the insurance transaction in question.

Disclosure of Information to Others
All of this information will be treated as confidential. It will not be disclosed to others without your authorization, except in some instances where such disclosure is necessary for the conduct of Aetna's business. Disclosure cannot be contrary to any law which applies.

The following sets forth the types of disclosure that may be made:

- Information may be made available to your School in connection with the claim and financial administration of the Plan. This includes Policyholder audits.
- Information may be disclosed to other insurers, if there may be duplicate coverage, or a need to preserve the continuity of your coverage.
- Information may be disclosed to peer review organizations, and other agencies, to determine whether health services were necessary and reasonably priced.

In addition, information may be given to regulators of Aetna's business, and to others, as may be required by law. It may also be given to law enforcement authorities, when needed, to prevent or prosecute fraud or other illegal activities.

Your Right of Access and Correction

In general, you have a right to learn the nature and substance of any information Aetna has in its files about you. You may also have a right of access to such files, except information which relates to a claim or a civil or criminal proceeding, and to ask for correction, amendment, or deletion of personal information. This can be done in states which provide such rights and which grant immunity to insurers providing such access. If you request any health information, Aetna may elect to disclose details of the information you request to your (attending) Physician.

Accidental Death and Dismemberment Benefits

This insurance coverage provides Accidental Death and Dismemberment coverage underwritten by Unum Provident Life Insurance Company of America.

Benefits are payable for the Accidental Death and Dismemberment of the eligible insureds. When, because of Injury, you suffer any of the following losses within 90 days from the date of the Accident, we will pay as follows:

For Loss Of:	**Principle Sum**
Life	$5,000
Two Hands	$25,000
Two Feet	$25,000
Sight of two eyes	$25,000
One hand and one foot	$10,000
One hand and sight of one eye	$25,000
One foot and sight of one eye	$25,000
One hand or one foot or one eye	$10,000
Movement of Both Upper and Lower Limbs (Quadriplegia)	$50,000
Movement of both lower limbs (Paraplegia)	$25,000
Movement of both upper and lower limbs of one side of the body (Hemiplegia)	$25,000

Loss of hands and feet means the loss at or above the wrist or ankle joints. Loss of eyes means total irrecoverable loss of the entire sight. Only one of the amounts named above will be paid for Injuries resulting from any one accident. The amount so paid shall be the largest amount that applies.

This benefit will pay the appropriate portion of the Principal Sum if you sustain a loss of the type listed 90 days after suffering a bodily Injury due to a covered Accident. Such Injury must occur while you are: 1) practicing for; 2) engaging in; or 3) traveling to or from an official activity of the Policyholder as a participant of an officially recognized organization or department.

This provision does not cover the loss if it in any way results from or is caused or contributed:

1. By physical or mental illness; medical or surgical treatment except that results directly from a surgical operation made necessary solely by an Injury covered by this Plan;
2. By an infection, unless it is caused solely and independently by a covered Accident;
3. Participation in a felony. Participation means to take part or to have share in something.
4. For loss caused by your voluntary use of a controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless prescribed by a doctor.

To file a claim for Accidental Death and Dismemberment, please contact Chickering Claims Administrators, Inc. at **(877) 375-4244** for the appropriate claim forms.

Worldwide Emergency Travel Assistance Services

These services are designed to protect Connecticut State University System students when traveling more than 100 miles from home anywhere in the world. Medical Repatriation and Return of Mortal Remains services are also available at the participant's campus location.

If you experience a medical emergency while traveling more than 100 miles from home or campus, you have access to a comprehensive group of emergency assistance services provided by Assist America, Inc.

Eligible participants have immediate access to doctors, hospitals, Pharmacies, and other services when faced with an emergency while traveling. The Assist America Operations Center can be reached 24 hours a day, 365 days a year to provide services including: medical consultation and evaluation; medical referrals; foreign hospital admission guarantee; Prescription assistance; lost luggage assistance; legal and interpreter assistance; and travel information such as Visa and passport requirements, travel advisories, etc.

Medical Evacuation and Return of Mortal Remains Services

In the event that a participant becomes Injured and adequate medical facilities are not available locally, Assist America will use whatever mode of transport, equipment and personnel necessary evacuate you to the nearest facility capable of providing required care. In the event of death of a participant, Assist America will render every possible assistance in return of mortal remains including locating a sending funeral home, preparing the deceased for transport, procuring required documentation, providing necessary shipping container, as well as paying for transport.

Please note: Any third party expenses incurred are the responsibility of the participant.

An Assist America ID card will be supplied to you once you enroll in The Chickering Student Accident and Sickness Insurance Plan. Please remember to carry your Assist America card and call toll-free within the U.S. at **(800) 872-1414** or outside the U.S. call collect **(dial U.S. access code) plus (301) 656-4152** in the event of an emergency when you are traveling. With one phone call, you will be connected to a global network of over 600,000 pre-qualified medical Providers.

Assist America Operations Centers have worldwide assistance capabilities and are known throughout the world as a premier Emergency Assistance Services provider.

NOTE: Assist America pays for all Assistance Services it provides. All Assistance Services must be arranged and provided by Assist America. Assist America does not reimburse for services not provided by Assist America.

The Assist America program meets and exceeds the requirements of USIA for International Students & Scholars.

Emergency Travel Assistance Services are administered by Assist America, Inc.

Important Note

Please keep this Brochure, as it provides a general summary of your coverage. A complete description of the benefits, and full terms and conditions, may be found in the Master Policy. If any discrepancy exists between this Brochure and the Policy, the Master Policy will govern and control the payment of benefits.

This student Plan fulfills the definition of creditable coverage explained in the Health Insurance Portability and Accountability Act (HIPAA) of 1996. At any time should you wish to receive a certification of coverage, please call the Customer Service number on your ID card.

Offered by:

The Chickering Group℠
An Aetna Company

Chickering Benefit Planning Insurance Agency, Inc.
1 Charles Park
Cambridge, MA 02142

Administered by:
Chickering Claims Administrators, Inc.
P.O. Box 15708
Boston, MA 02215-0014
(877) 375-4244
www.chickering.com

Underwritten by:

Aetna®

Aetna Life Insurance Company (ALIC)
151 Farmington Ave.
Hartford, CT 06156

The Chickering Group is an internal business unit of Aetna Life Insurance Company.

NOTICE

Aetna considers non-public personal Covered Person information confidential and has policies and procedures in place to protect the information against unlawful use and disclosure. When necessary for your care or treatment, the operation of your health Plan, or other related activities, we use personal information internally, share it with our affiliates, and disclose it to health care providers (doctors, dentists, Pharmacies, hospitals and other caregivers), vendors, consultants, government authorities, and their respective agents. These parties are required to keep personal information confidential as provided by applicable law. Participating Network/Preferred Providers are also required to give you access to your medical records within a reasonable amount of time after you make a request. By enrolling in the Plan, you permit us to use and disclose this information as described above on behalf of yourself and your dependents.

To obtain a copy of our Notice of Privacy Practices describing in greater detail our practices concerning use and disclosure of personal information, please call the toll-free Customer Services number on your ID card or visit Chickering's Student Connection Link on the Internet at ***www.chickering.com***.

CSUS-0315
Addendum #2
December 27, 2007

Brochure 11
Assist America

the Emergency Travel Assistance Services Program...

Assist America while traveling:

1-800-872-1414

1. **Carry** your Assist America / Chickering Identification card at all times while traveling.

2. **Call** the phone numbers on the front of your ID card for assistance while traveling: **800-872-1414,** or call collect anywhere in the world at **1-301-656-4152**.

3. **Coordinate** all services through Assist America.

4. **Chickering:** When calling for assistance services, identify yourself as a Chickering / Assist America member.

Assist America's staff is available 24 hours a day, 365 days a year.

assist america®

The Chickering Group℠

An Aetna Company

www.chickering.com

**Accidental Death and Dismemberment: The insurance provides accidental death and dismemberment coverage underwritten by Unum Life Insurance Company of America. Benefits are payable for the accidental death and dismemberment of the eligible insureds. Exclusions and limitations may apply.*

For definitions of eligibility and a complete loss schedule, detailing the benefits received for accidental death, dismemberment, loss of sight, speech or hearing, please refer to your certificate of coverage.

Call Assist America® while traveling

1-800-872-1414

Day or night, every day of the year, whenever you're away from your permanent address, this travel assistance program will be there for you.

Dear Student,

Through your enrollment in the Chickering student health insurance program, you now have easy access to a unique emergency medical assistance program while traveling. In addition to your medical benefits you have a full range of assistance services available to you 24 hours a day, 365 days a year, anywhere in the world. This added service is available to you, your spouse, and your minor children.

Eligible participants have immediate access to doctors, hospitals, pharmacies, and certain other services when faced with a medical or personal emergency while traveling internationally or domestically more than 100 miles away from home.

The Assist America Advantage:

With one simple phone call you will be connected to a global network of:

- Over 600,000 pre-qualified medical providers
- Operation Centers with worldwide response capabilities
- Air and ground ambulance service providers

The Assist America Operations Centers are staffed with trained multi-lingual personnel, including nurses and doctors, to advise and assist you quickly and professionally in a medical emergency.

Key Services:

Pre-Trip Assistance: Prior to your trip, Assist America can provide you with travel-related information such as visa requirements, vaccinations, currency conversion, and consular information.

If you will be traveling overseas for more than 90 days, it is suggested that you call and inform Assist America before you leave, to take advantage of these valuable services.

Medical Consultation and Evaluation: If you have a medical emergency, your call to the Operations Center will be evaluated by our medical staff and referred to English speaking doctors and/or hospitals, if required.

Emergency Medical Evacuation: Whenever adequate medical facilities are not available locally, Assist America will use whatever mode of transport, equipment and personnel necessary to evacuate a participant to the nearest facility capable of providing proper care.

Hospital Admission Guarantee: Assist America will guarantee hospital admission when a participant is outside of the United States by verifying your health care coverage.

Critical Care Monitoring: Assist America's team of doctors, nurses and other medically trained personnel will stay in regular communication with the attending physician and/or hospital and relay any pertinent medical information to your family.

Medically Supervised Repatriation: If you require assistance returning home after hospitalization, Assist America will repatriate you, with an escort, if medically necessary.

Prescription Assistance: Should a participant require prescription medication while overseas, Assist America will assist the member in filling that prescription.

Emergency Trauma Counseling: Assist America will provide online telephonic emergency counseling as needed or requested.

Transport to Join Patient: If you are traveling alone and will be hospitalized for more then seven days, Assist America will provide an economy round-trip common carrier transportation to the place of hospitalization for a designated family member or friend.

Return of Mortal Remains: In the event of a participating student's death, Assist America will arrange and pay for the return of mortal remains. Services may include coordination of the transportation including locating a funeral home to prepare the body, completing all documentation and legal clearances, providing the minimally necessary air transport container, including retrieval from site of death and

Access to Assist America Services: Next time you are traveling and need medical assistance, remember to use the phone number on your Assist America ID card. Be sure to carry the card with you at all times. One simple phone call puts you in touch with Assist America's highly-trained staff who will ensure your call is handled promptly.

For emergency services, contact Assist America in the US, by calling toll free at *1-800-872-1414* or call collect at (US access code) + *301-656-4152* or email *medservices@assistamerica.com*

For general information visit the Student Connection at *www.chickering.com*, type in your school name for complete plan information or email Assist America at *services@assistamerica.com*

Any third-party expenses incurred are the responsibility of the Covered Person.

Please Note: Assist America pays for all Assistance service it provides. All assistance services must be arranged by Assist America. No claims for reimbursement for assistance services not arranged for by Assist America will be accepted.

The Assist America program is available to you through your Unum Provident Accidental Death and Dismemberment Chickering

Acknowledgment: Receipt of Request-For-Proposal Documents

Bid Number: RFP- CSUS-0315 Addendum #1
Title: Student Accident and Sickness Insurance Program

Please take a moment to acknowledge receipt of the attached bid documents. Your compliance with this request will help us to maintain proper bid follow-up procedures while ensuring that all vendors have the opportunity to bid.

Date amendment issued: December 12, 2007

Date amendment received? ____/____/____

Do you plan to submit a proposal? Yes_____ No_____

Print or type the following information:

Company name: _____

Address: _____

City or Town: _____

Phone: _____

Fax: _____

Received by: _____

Note: Faxed acknowledgments are requested! FAX (860)493-0006
A cover sheet is NOT necessary.
IMPORTANT: DO NOT FAX BIDS.
BIDS MUST BE SUBMITTED IN SEALED PACKAGES!

RFP- CSUS-0315 Addendum #1
Title: Student Accident and Sickness Insurance Program

Please Note:

The bid due date for RFP-CSUS-0315 is hereby extended to January 18, 2008 at 2:00pm local time.

All other terms and conditions of RFP- CSUS-0315 hereby remain unchanged.

Request for Proposal (RFP) CSUS-0315
For Student Accident and Sickness Insurance Program

I. Statement of Objectives:

The Connecticut State University System (CSUS) is seeking sickness and accident insurance coverage for students enrolled at its four universities, in accordance with the program guidelines as set forth below.

CSUS intends to enter into a comprehensive agreement for coverage as defined (i.e. except where noted); vendors submitting proposals on partial sections only will not be considered for award.

Note: the Insurance Policy Provider must maintain an "A-" rating or better, as rated by the A.M. Best Company, during the entire term of the agreement. Failure to maintain this "A-" rating may lead to CSUS suspending or canceling the agreement without prior notice being given to the firm.

Any and all bids and addendums to bids are posted on the DAS and CSUS Purchasing Portals.

II. Background:

The Connecticut State University System (CSUS) consists of four comprehensive universities and a system office. CSUS, serving over 36,000 students, is the largest public university system in the state, and is governed by an 18-member Board of Trustees.

The universities are located in urban areas: Central Connecticut State University (CCSU) in New Britain (12,300 students), Eastern Connecticut State University (ECSU) in Willimantic (5,400 students), Southern Connecticut State University (SCSU) in New Haven (12,300 students), and Western Connecticut State University (WCSU) in Danbury (6,000 students).

III. Scope of Project:

A. GENERAL REQUIREMENTS

CSUS student accident and sickness insurance program shall be for the period August 1, 2008 through July 31, 2009 with the option to renew the agreement for two additional one- year periods, through July 31, 2011. CSUS will consider discounts offered for a multi-year agreement. **Please indicate your rate cap for years two and three.**

Please make note that benefits provided must include any benefits that are mandated by the State of Connecticut, either currently mandated by statutory reference or by revisions to such statutes. Any deviations to the policy (including coverage amounts) must be presented to CSUS for review and approval.

- Plan requirements are as per the attached Schedule A. Note that any quote for Accident Insurance must include medical evacuation and repatriation benefits, which would apply in the case of either sickness or accident.

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- The list of eligible classes of students is as per the attached Schedule B.
- The schedule of student populations for 2006 and 2007 are listed in Schedule C.
- The number of students historically taking the policies are per the attached Schedule D.
- The list of intercollegiate athletic programs are per the attached Schedule E.
- The claim activity report ("loss runs") are per attached Schedule F.
- The list of intramural and club programs are per attached Schedule G.

B. ADDITIONAL REQUIREMENTS

Vendors are required to provide a separate quotation for the following:

1. Accident and Sickness Insurance Program for matriculated Full time students. Proposal shall list separate costs for accident insurance and sickness insurance.

2. Sickness Insurance Program for J1 Visa students. The proposal must meet the latest federal requirements. CSUS is currently in compliance with federal requirements with J1 Visa insurance.

3. Accident and Sickness Insurance for part time must be quoted as separate coverage.

4. CSUS requires that vendors submit a separate cost for the part time student accident and sickness program. The part time student insurance program may exclude coverage for any pre-existing illness, which has been treated during the past calendar year as allowed by statute. However, the part time student sickness insurance program will offer the same coverage term and specifications as those listed in the full time students accident and sickness insurance programs.

5. Accident and Sickness Insurance for spouse, and for family, of full time domestic and international students.

6. Accident Insurance (campus only) for matriculated part time students. Proposal shall include cost for semester and annual student activities including but not limited to club sports and intramural programs.

7. A separate quotation, to be provided in monthly increments, shall be requested to cover international nonmatriculating part time students taking the Intensive English Language Institute.

8. Travel coverage for university sponsored athletic events will be considered as an option, and shall be quoted separately.

9. A cost to upgrade Outpatient Benefits coverage to a maximum of $2,000.

10. A cost to upgrade Room and Board coverage to 80% of covered charges, and to 80% of covered charges after a $100 deductible.

11. A cost to upgrade Intensive Care Unit Expenses coverage to 80% of covered charges, and to 80% of covered charges after a $100 deductible.

12. A cost to upgrade Accidental Dental Expenses coverage to a maximum of $3,000, and a maximum of $3,500.

13. A cost to upgrade High Cost Procedure Expenses to a benefit maximum per covered illness of $2,000.

14. A cost reduction resulting from an increase in the Emergency Room Coverage copay/deductible to $25 per visit, and to $30 per visit.

15. A cost reduction resulting from an increase in the Prescription Drug Coverage (as defined in Schedule A) copay to $10 generic/$15 brand name.

C. DATA COLLECTION

The data collected from the submission and payment of claims will be submitted to the four CSUS universities and the System Office twice a year, before January 15th and July 15th. The claims records will include the following data:

The total number of subscribers for each semester per program (full time, part time, part time campus only, and J1 Visa) each will have separate reports for Accident and Sickness claims.
The report should contain the number of single subscribers and the number of students/spouse/children subscribers total and by campus. The data should reflect the full time students' data separately from the part time data.

The total number of claims received for the respective years and the respective payments made for claims that year. This should also be done on a campus by campus basis.

The number of mental health claims and payments for CSUS and for each of the universities. The number of individuals and the average number of visits for mental health care.

The total number of claims rejected and the nature of the rejections. The number of claims rejected for each campus for each semester.

The date of receipt of notice of claim, the date of assignment of claim, and the date payment issued.

CSUS requires the reporting of accident claims/payments separate from the claims/payments from the sickness insurance program.

CSUS requires that the date of claim be included in reporting the following four categories by university:

- Medical
- Mental Health
- Orthopedic
- Surgical

D. BROCHURES, WAIVER CARDS AND MAILERS

The vendor to which the contract is awarded is required to design brochures, waiver cards, and mailers, for review and approval by CSUS. These are items to be delivered to CSUS in the quantities requested by each of the universities. The finished brochure must be approved by the Connecticut Insurance Department, and delivered to each university and the System Office on or before March 15th, 2008. Please note that the Connecticut Insurance Department requires a two-month time frame for review and approval of the finished brochure.

It is imperative that these materials be received for review, approval and issuance in a timely manner in full accordance with the established schedule. Lateness will not be tolerated.

The brochures must include Waiver Cards (brightly colored) for the use of full time students. Any deviations to the policy (including coverage amounts) must be presented to CSUS for review and approval. NOTE THAT NOT ALL UNIVERSITIES REQUIRE WAIVER CARDS. The waiver cards should only be provided to those universities that require them. The vendor is responsible for confirming whether or not a university requires waiver cards.

The student brochures must include any exclusionary statements; i.e. pre-existing conditions, etc. The student brochures should also state the limitations of the policy; e.g. the insurance plan does not afford coverage to a student's spouse, children, or family members; however, separate optional coverage is available for these groups.

Part time students will apply directly to the awarded vendor for admission to the CSUS part time Student and Accident and Sickness Insurance program. Therefore, the brochures for part time students must include the vendor's self-addressed envelopes.

The awarded vendor must provide and list on brochures a local or toll-free telephone number for students to use in obtaining insurance information.

A separate brochure is required for matriculated part time students "campus only" accident insurance.

Finally, the vendor shall produce a marketing/ informational style of brochure explaining the various coverages available and the benefits of purchasing the offered coverage, to be mailed by the vendor to prospective students of each CSUS university. Each university will provide the vendor with a name and address file for this purpose. THE NAME AND ADDRESS FILE IS TO BE USED SOLELY FOR THIS PURPOSE. ANY OTHER USE BY THE VENDOR IS PROHIBITED.

E. SERVICE STANDARDS

Every Notice of Loss must be reviewed and assigned within 48 hours after receipt by the office.

Medical providers must be reimbursed within thirty (30) days of claim assignment to the vendor. Claim files shall be documented with any exception to the standard.
CSUS has the right to audit claim files and make determination concerning timeliness of payments. If ten percent (10%) of all claims exceed the thirty-day time frame, an audit will be instituted by CSUS. The vendor agrees to pay CSUS $250.00 per claim, for any claim that CSUS determines is unnecessarily delayed.
"Unnecessarily delayed" shall be defined as follows: Despite all required claim information being submitted, the payment of the claim continues to be delayed beyond thirty days as described above. Prior

practices and all circumstances will be reviewed in determining whether the claim was unnecessarily delayed.
Proposals shall include information demonstrating the timeliness of claims payments.

All telephone, e-mail, and other communication must be responded to within twenty-four (24) hours of receipt. The list of providers shall be available on-line.

F. WEB ENABLED PRODUCT REQUIREMENTS, HIPAA STANDARDS AND GLBA REQUIREMENTS

CSUS also requires that a web enabled product be provided in which students may electronically purchase insurance (part time students only), purchase coverage for spouse and/or family members (full time students only), waive the purchase of sickness insurance (full time students only), download the above mentioned brochure, download claim forms, obtain information about the provider network and other useful information. In addition, all services furnished under this RFP and any resulting contract award must be in full compliance with all applicable HIPAA regulations and standards. Information and relevant data that the successful vendor may gather during the performance of the contract may include personal information that is protected under the provisions of the federal Family Rights and Privacy Act, the federal Gramm-Leach-Bliley Act (15 U.S.C. §6801, et seq., or sections 4-190 through 4-197 of the C.G.S. The successful bidder(s) must take sufficient steps to safeguard the evidence and data from unauthorized disclosure. These safeguards must be in place from the time the data is gathered until the completion of the contract and any retention period and destruction of the relevant data or information. Any agreement between CSUS and the vendor shall reference and include the vendor's compliance with the above provisions, Acts and Statutes.

From the vendor's website, the deliminated data file (of the student's accident/health insurance waiver) transmitted (or retrieved) to the respective universities must include, but is not restricted to, the following elements:

1. Transaction sequence number (a 1-up generated transaction ID#)
2. Date that student-entered waiver on website (date)
3. Student's First Name (text, alpha/numeric)
4. Student's Last Name (text, alpha/numeric)
6. Student's University (i.e. CCSU, ECSU, SCSU, WCSU) (text, alpha/numeric)
7. Student's ID# (text, alpha/numeric)
8. Student's Date of Birth (date)
9. Student's Acc/Hlth Insurance Carrier (text, alpha/numeric)
10. Student's Acc/Hlth Insurance Policy # (text, alpha/numeric)
11. Date record transmitted/received to/by University (date)

Some transaction-auditing feature should be in place to validate which files have been successfully downloaded and which have not. Each university should be ensured the option of having their data transmitted to them from the website in quasi-realtime (e.g, hourly or nightly) or manually retrieving the data at their convenience. In addition, the vendor will supply each university with a diskette containing all waiver information in Excel format (format to be specified by CSUS) at the close of each waiver period.

Student/Customer Access and Messaging

There are date-ranges during which students may file their waiver information through the Website. The fields in which students enter information must be enterable to the students during those timeframes, while at all other times those fields would be unenterable.

Security Requirements for the above:

Access Level Security
Describe your security measures used for accessing data. For example, what types of encryption or authentication is required for a user to access the data etc?

Passwords
Describe your process for handling passwords. For example, how are passwords reset? What is the password length and character requirements, etc?

Storage Level
Describe your security measures for storing of data. For example, who has access to the data on the server? What are your backup procedures, etc?

Transmission Level Security
Describe your security measures for transmitting data. For example, is the data encrypted and by what encryption method?

Please provide a detailed response to the above security requirements as part of your proposal.

SOME CSUS UNIVERSITIES HAVE DEVELOPED AUTOMATED WAIVER PROTOCOLS USING THEIR OWN SOFTWARE AND WEBSITE. In these cases, the vendor must accommodate these universities' established protocols as opposed to using the vendor's web-enabled product.

IV. Vendor Information

A. Vendor Overview

Please provide the following:

- The Name and location of your company.
- The location of the office that will be serving CSUS.
- A brief general description of your business, including the primary line of business.
- The number of years your company has been in business.
- Is your company a subsidiary of another corporation? If so, what is the name of the parent company?

B. Client Base

Provide specific reference information for three educational clients you have served, relevant to the work proposed, to include:

- Organization name and location
- Starting date of service
- Relevant volume statistics

- Contact name, title and telephone number

The references must be relevant to services performed in the last 36 months, and shall include their level of acceptance of those services. In addition to the above references, vendors are required to provide a list of all colleges and universities for which insurance is provided, as well as a listing of all college and university clients that have not renewed with your firm within the last two years, including reason for non-renewal and contact information. These non-renewals shall not include the reason of merger or acquisition of a firm by another firm.

V. Proposal Submission Requirements

Provide a detailed list of costs and expenses proposed as well as a timeline for relevant project milestones by **Thursday, January 3, 2008 at 2:00 PM local time.** Please note the following when providing pricing:

- Submit bids with separate costs for full time students and part time students.
- The bid for full time students must indicate the cost of the accident insurance separately from the sickness insurance program.
- Bids must include a price for a one-year contract with option to extend for two additional one-year terms. **Please indicate your cap on years two and three.**
- The beginning date for the insurance program will be the same for the four campuses.
- The "campus only" accident coverage for matriculated part time students should be quoted separately for Semester and Annual coverage. This must provide coverage for all student life activities including, but not limited to, club sports and intramural programs.

There will be a bidders conference held on Wednesday, December 5, 2007 at 1:00PM at the Connecticut State University System Office, 39 Woodland Street, Room 123, Hartford CT 06105. While this meeting is not mandatory, potential bidders are strongly urged to attend this meeting. Questions will be accepted via e-mail only to ritcheyg@ct.edu until December 7, 2007 @ 2:00pm local time. All questions will be answered as an addendum to this RFP only. No telephone questions will be accepted or answered.

All bids and addendums to bids are posted on the DAS and CSUS Purchasing Portals.

Provide a list of 3 recent clients you have served, similar in size and complexity, including contact names and phone numbers.

Provide information on your firm, including client references, as outlined in Section IV.

If relevant, provide sample documents required by your company for the execution of a contract resulting from award of this proposal. Such sample documents must not include governing law statements for states or commonwealths other than Connecticut. Additionally, as an agency of a sovereign state, CSUS cannot indemnify vendors. Any resultant contract award shall incorporate the RFP as well as the awarded vendor's response. Please note that all proposals should include any applicable warranties of service, and should also include proposed language for termination procedures. Termination procedures shall include the following statement: "CSUS reserves the right to cancel the agreement without cause, with sixty days written notice".

SEEC Requirements
All bidders are required to comply with the below SEEC requirements, and the requirements contained within SEEC form 11 located in this RFP starting on Page 36.

"With regard to a state contract as defined in P.A. 07-1 having a value in a calendar year of $50,000 or more or a combination or series of such agreements or contracts having a value of $100,000 or more, the authorized signatory to this submission or response to the State's solicitation expressly acknowledges receipt of the State Election Enforcement Commission's notice advising prospective state contractors of state campaign contribution and solicitation prohibitions, and will inform its principals of the contents of the notice."

Submit completed state forms regarding nondiscrimination and affirmative action policies.

One (1) original and eight (8) copies of proposal shall be submitted prior to 2:00 PM on January 3, 2008
Proposals and bids should be sent to the attention of:

Gary M. Ritchey Director of Purchasing
Connecticut State University System
39 Woodland Street
Hartford, CT 06105
(860) 493-0046

Late, E-Mailed or faxed proposals are not acceptable and will be automatically rejected by CSUS.
Please note that CSUS is not responsible for delivery delays by any type of delivery carrier.

CSUS may require respondents to make a formal presentation of their response (i.e. interview of the potential vendor).

VI. General Instructions to Vendors

Vendors who are furnished a copy of this RFP are requested to submit a receipt acknowledgement as soon as possible, to ensure timely receipt of potential corrections or cancellations. Those not intending to make a proposal are asked to submit a negative reply.

RFP responses must be in sealed envelopes upon which a clear indication has been made of the RFP reference title, as well as the date and time the bid is due. The vendor's name and address must appear on the envelope.

All quotations shall be submitted on a guaranteed cost basis.

Failure of the vendor to answer all the questions and supply all materials requested by this RFP may be grounds for rejection of the vendor's proposal.

Any proposal submitted must include termination procedures, if either the contractor or CSUS determine that termination becomes necessary for reasons including but not limited to failure to perform.

The State of Connecticut is exempt from the payment of excise, transportation, and sales taxes imposed by the Federal government and/or the State of Connecticut. Such taxes must not be included in prices.

The proposal must be signed by an authorized official. The proposal must also provide the name, title, address and telephone number for individuals with authority to negotiate and contractually bind the company or individuals. Please provide the name and number of the person to contact for the purpose of clarifying the contract.

VII. Conditions

Any prospective contractor must be willing to adhere to the following conditions and must positively state them in the proposal:

1. The State reserves the right to accept or reject any or all proposals or parts thereof, submitted for consideration. All proposals will be kept sealed and safe until the date, time and place of public opening.

2 .Any contract awarded as a result of this RFP must be in full conformance with statutory requirements of the State of Connecticut and the Federal Government.

3. All proposals in response to this RFP are to be the sole property of the State, and subject to the provisions of section 1-210 of the Connecticut General Statutes. (Re: Freedom of Information).

4. Any product, whether acceptable or unacceptable, developed under a contract awarded as a result of this RFP is to be sole property of the State of Connecticut unless stated otherwise in the RFP or contract.

5. All data collected by the contractor shall remain the sole property of the Connecticut State University System. Contractor is specifically barred from retaining and/or sharing any information obtained from this project, and acknowledges such in the proposal.

6. CSUS does not commit to specific volumes of subscriber activity, nor does it guarantee statistical information provided in this document. The information is supplied to the bidders for reference only.

7. The vendor shall maintain without charge to CSUS during the term of the agreement Errors and Omissions insurance coverage in the minimum amount of $5,000,000 and shall annually provide evidence thereof to CSUS.

8. Coverage must begin on August 1st for the students who are on campus and involved in office college activities, programs, services and/or training (athletic).

9. Insurance ID cards provided to each student by the vendor must display the type of coverage (e.g. accident, sickness) and any required co-payments on the face of the card.

10. Any proposal must be valid for a period of 120 days from the due date.

11. Any alleged oral agreement or arrangement made by a firm with CSUS or any employee will be superseded by the written agreement.

12. CSUS reserves the right to amend or cancel this RFP, prior to the due date and time, if it is in the best interests of CSUS.

13. CSUS reserves the right to reject the proposal of any firm which is in default of any prior contract or for misrepresentation.

14. CSUS reserves the right to correct inaccurate awards resulting from its clerical errors.

15. Proposals are subject to rejection in whole or part if they limit or modify any of the terms and conditions and/or specifications of the RFP.

16. A vendor, if requested, must be prepared to present evidence of experience, ability, service facilities, and financial standing necessary to satisfactorily meet the requirements set forth or implied in the proposal.

17. CSUS reserves the right to negotiate as it may deem necessary with any or all of the vendors that submit proposals in response to this RFP. In addition, questions or clarifications at the request of CSUS may be required at the bidder's expense.

18. By responding, the vendor implicitly states that the proposal is not made in connection with any competing vendor submitting a separate response to the RFP, and is in all respects fair and without collusion or fraud. It is further implied that the vendor did not participate in the RFP development process, had no knowledge o f the specific contents of the RFP prior to its issuance, and that no employee of CSUS participated directly or indirectly in the vendor's proposal preparation.

19. Vendor shall bear all costs associated with Vendor's response to this request for proposal including the costs of any presentations and/or demonstrations (if any).

20. The proposal must include a summary of the bidder's experience with Affirmative Action. This information is to include a summary of the bidder's affirmative action plan and the bidder's affirmative action policy statement.

Regulations of Connecticut State Agencies Section 4-114a-3(10) requires agencies to consider the following factors when awarding a contract, which is subject to contract compliance requirements:

a. the bidder's success in implementing an affirmative action plan;

b. the bidder's success in developing an apprenticeship program complying with Section 46a-68-1 to 46a-68-17 of the Connecticut General Statues, inclusive;

c. The bidder's promise to develop and implement a successful Affirmative Action Plan;

d. The bidder's submission of CHRO Forms indicating that the composition of its work force is at or nearby parity when compared to the racial and sexual composition of the work force in the relevant labor market area, and

e. The bidder's promise to set aside a portion of the contract for legitimate small contractors and minority enterprises.

21. The State reserves the right to award in part, to reject any and all Proposals in whole or in part, to waive technical defects, irregularities and omissions if, in its judgment, the best interest of the State will be served.

VIII. Evaluation of Proposals

Each proposal will be evaluated by a screening committee against the following criteria, to determine which vendor is most capable of implementing CSUS's requirements.

- Strength and relevance of experiences outlined in the proposal, including any supporting material presented by the firm or individual
- Vendor's understanding of the project and its purpose and scope, as evidenced by the proposed approach and the level of effort
- Competitiveness of proposed cost
- Timeliness of claims payments
- Demonstration of commitment to affirmative action by full compliance with the regulations of the commission on Human Rights and Opportunities (CHRO).
- A presentation to the screening committee may be requested.

IX. Rights Reserved to the Connecticut State University System

The Connecticut State University System reserves the right to award in part, reject any and all proposals in whole or in part, award to multiple contractors, to waive technical defects, irregularities and omissions if, in its judgment, the best interest of the CSUS is served. CSUS reserves the right to negotiate with any bidder prior to awarding a contract, and to negotiate with any contractor during the life of any subsequent contract.

X. Terms and Conditions of the Personal Service Agreement (PSA)

After an evaluation of all proposals the successful bidder and CSU shall enter a Personal Service Agreement (PSA) for the services outlined within this RFP governed by the Laws and Statutes of the State of Connecticut including the terms and conditions contained below.
These terms and conditions are not subject to any changes or modifications.

TERMS/CONDITIONS

EXECUTIVE ORDERS

This contract is subject to the provisions of Executive Order No. Three of Governor Thomas J. Meskill promulgated June 16, 1971, and, as such, this contract may be canceled, terminated or suspended by the State Labor Commissioner for violation of or noncompliance with said Executive Order No. Three, or

any state or federal law concerning nondiscrimination, notwithstanding that the Labor Commissioner is not a party to this contract. The parties to this contract, as part of the consideration hereof, agree that said Executive Order No. Three is incorporated herein by reference and made a party hereof. The parties agree to abide by said Executive Order and agree that the State Labor Commissioner shall have continuing jurisdiction in respect to contract performance in regard to nondiscrimination, until the contract is completed or terminated prior to completion. The contractor agrees, as part consideration hereof, that this contract is subject to the Guidelines and Rules issued by the State Labor Commissioner to implement Executive Order No. Three, and that he will not discriminate in his employment practices or policies, will file all reports as required, and will fully cooperate with the State of Connecticut and the State Labor Commissioner. This contract is also subject to provisions of Executive Order No. Seventeen of Governor Thomas J. Meskill promulgated February 15, 1973, and, as such, this contract may be canceled, terminated or suspended by the contracting agency or the State Labor Commissioner for violation of or noncompliance with said Executive Order No. Seventeen, notwithstanding that the Labor Commissioner may not be a party to this contract. The parties to this contract, as part of the consideration hereof, agree that Executive Order No. Seventeen is incorporated herein by reference and made a part hereof. The parties agree to abide by said Executive Order and agree that the contracting agency and the State Labor Commissioner shall have joint and several continuing jurisdiction in respect to contract performance in regard to listing all employment openings with the Connecticut State Employment Service. This contract is also subject to provisions of Executive Order No. Sixteen of Governor John G. Rowland promulgated August 4, 1999, and, as such, this contract may be cancelled, terminated or suspended by the contracting agency of the State Labor Commissioner for violation of or noncompliance with said Executive Order No. Sixteen, notwithstanding that the Labor Commissioner may not be a party to this contract. The parties to this contract, as part of the consideration hereof, agree that Executive Order No. Sixteen is incorporated herein by reference and made a part hereof. The parties agree to abide by said Executive Order and agree that the contracting agency and the State Labor Commissioner shall have joint and several continuing jurisdiction in respect to contract performance in regard to listing all employment openings with the Connecticut State Employment Service.

I. NON-DISCRIMINATION

(a). For the purposes of this section, "minority business enterprise" means any small contractor or supplier of materials fifty-one percent or more of the capital stock, if any, or assets of which is owned by a person or persons: (1) who are active in the daily affairs of the enterprise; (2) who have the power to direct the management and policies of the enterprise; and (3) who are members of a minority, as such term is defined in subsection (a) of Conn. Gen. Stat. subsection 32-9n; and "good faith" means that degree of diligence which a reasonable person would exercise in the performance of legal duties and obligations. "Good faith efforts" shall include, but not be limited to, those reasonable initial efforts necessary to comply with statutory or regulatory requirements and additional or substituted efforts when it is determined that such initial efforts will not be sufficient to comply with such requirements.

For purposes of this Section, "Commission" means the Commission on Human Rights and Opportunities.

For purposes of this Section, "Public works contract" means any agreement between any individual, firm or corporation and the state or any political subdivision of the state other than a municipality for construction, rehabilitation, conversion, extension, demolition or repair of a public building, highway or other changes or improvements in real property, or which is financed in whole or in part by the state, including but not limited to, matching expenditures, grants, loans, insurance or guarantees.

(b) (1) The Contractor agrees and warrants that in the performance of the contract such Contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status, national origin, ancestry, sex, mental retardation or physical disability, including, but not limited to blindness, unless it is shown by such Contractor that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United States or of the State of Connecticut. The Contractor further agrees to take affirmative action to insure that applicants with job related qualifications are employed and that employees are treated when employed without regard to their race, color, religious creed, age, marital status, national origin, ancestry, sex,

mental retardation, or physical disability, including, but not limited to, blindness unless it is shown by the Contractor that such disability prevents performance of the work involved; (2) the Contractor agrees, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, to state that it is an "affirmative action - equal opportunity employer" in accordance with regulations adopted by the Commission; (3) the Contractor agrees to provide each labor union or representative of workers with which the Contractor has a collective bargaining agreement or other contract or understanding and each vendor with which the Contractor has a contract or understanding, a notice to be provided by the Commission, advising the labor union or workers' representative of the Contractor's commitments under this section and to post copies of the notice in conspicuous places available to employees and applicants for employment; (4) the Contractor agrees to comply with each provision of this section and Conn. Gen. Stat. subsections 46a-68e and 46a-68f and with each regulation or relevant order issued by said Commission pursuant to Conn. Gen. Stat. subsections 46a-56, 46a-68e and 46a-68f; (b) the Contractor agrees to provide the Commission on Human Rights and Opportunities with such information requested by the Commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the Contractor as relate to the provisions of this section and section 46a-56. If the Contract is a public works contract, the contractor agrees and warrants that he will make good faith efforts to employ minority business enterprises as subcontractors and suppliers of materials on such public works projects.

c. Determination of the Contractor's good faith efforts shall include, but shall not be limited to, the following factors: The Contractor's employment and subcontracting policies, patterns and practices; affirmative advertising, recruitment and training; technical assistance activities and such other reasonable activities or efforts as the Commission may prescribe that are designed to ensure the participation of minority business enterprises in public works projects.

d. The Contractor shall develop and maintain adequate documentation, in a manner prescribed by the Commission, of its good faith efforts.

e. The Contractor shall include the provisions of subsection (b) of this Section in every subcontract or purchase order entered into in order to fulfill any obligation of a contract with the State and such provisions shall be binding on a subcontractor, vendor or manufacturer unless exempted by regulations or orders of the Commission. The Contractor shall take such action with respect to any such subcontract or purchase order as the Commission may direct as a means of enforcing such provisions including sanctions for noncompliance in accordance with Conn. Gen. Stat. subsection 46a-56; provided, if such contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the Commission, the Contractor may request the State of Connecticut to enter into any such litigation or negotiation prior thereto to protect the interests of the State and the State may so enter.

f. The Contractor agrees to comply with the regulations referred to in this Section as they exist on the date of this contract and as they may be adopted or amended from time to time during the term of this contract and any amendments thereto.

g. The Contractor agrees to follow the provisions: The contractor agrees and warrants that in the performance of the agreement such contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of sexual orientation, in any manner prohibited by the laws of the United States or of the State of Connecticut, and that employees are treated when employed without regard to their sexual orientation; the contractor agrees to provide each labor union or representative of workers with which such contractor has a collective bargaining agreement or other contract or understanding and each vendor with which such contractor has a contract or understanding, a notice to be provided by the Commission on Human Rights and Opportunities advising the labor union or workers' representative of the contractor's commitments under this section, and to post copies of the notice in conspicuous places available to employees and applicants for employment; the contractor agrees to comply with each provision of this section and with each regulation or relevant order issued by said commission pursuant to Section 46a-56 of the general statutes; the contractor agrees to provide the Commission on Human Rights and Opportunities with such information requested by the commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the contractor which relate to the provisions of this section and Section 46a-56 of the general statutes.

h. The Contractor shall include the provisions of the foregoing paragraph in every subcontract or purchase order entered into in order to fulfill any obligation of a contract with the state and such provisions shall be binding on a subcontractor, vendor or manufacturer unless exempted by regulations or orders of the commission. The contractor shall take such action with respect to any such subcontract or purchase order as the commission may direct as a means of enforcing such provisions including sanctions for noncompliance in accordance with Section 46a-56 of the general statutes; provided, if such contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the commission, the contractor may request the State of Connecticut to enter into any such litigation or negotiation prior thereto to protect the interests of the state and the state may so enter.

INSURANCE

The contractor agrees that while performing services specified in this agreement he shall carry sufficient insurance (liability and/or other) as applicable according to the nature of the service to be performed so as to "save harmless" the State of Connecticut from any insurable cause whatsoever. If requested, certificates of such insurance shall be filed with the contracting State agency prior to the performance of services.

STATE LIABILITY

The State of Connecticut shall assume no liability for payment for services under the terms of this agreement until the contractor is notified that this agreement has been accepted by the contracting agency and, if applicable, approved by the Office of Policy and Management (OPM) or the Department of Administrative Services (DAS) and by the Attorney General of the State of Connecticut.

Summary of Benefits Chart

Mandatory Accident Benefits

Aggregate Plan Maximum	**$50,000** per Accident per Policy Year.
Accident Expenses Benefit	When an Injury occurs and requires: (a) treatment by a doctor/surgeon; (b) hospital confinement; (c) services of a licensed nurse practitioner or RN; (d) X-ray services; (e) use of operating room, anesthesia, laboratory services; (f) prescribed medicines, plaster casts, surgical dressings; or (g) use of an ambulance; covered expenses are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge. ***Non-Preferred Care:*** 80% of the Reasonable Charge.
Emergency Treatment for Accidental Ingestions of Controlled Drugs	Covered Medical Expenses are payable as follows: ***Outpatient:*** As any other Accident up to a maximum of **$500** per Policy Year. ***Inpatient:*** Covered Medical Expenses for the emergency treatment of Accidental Ingestion of Controlled Drugs while confined as an inpatient in a hospital or facility licensed for such treatment are payable on the same basis as for any other Accident. Treatment is limited to a maximum of 30 days per Policy Year.
Accidental Dental Expenses	Covered Medical Expenses are payable up to a maximum of **$2,500** per injury for the treatment of an injury to sound, natural teeth.
Official Travel Accident Expenses	Covered Medical Expenses are payable up to a maximum of **$1,000** per Injury for the treatment of an Injury resulting while traveling to or from an official school activity.

Benefits under the Accident Insurance Plan are paid on an excess basis.

Sickness Expense Benefits

Aggregate Plan Maximum	**$50,000** per Sickness per Policy Year.
Preferred Care	100% of the Negotiated Charge.
Non-Preferred Care	80% of the Reasonable Charge.

Inpatient Hospitalization Benefits

Hospital Room and Board Expenses	Covered Medical Expenses are payable up to a maximum of **$500** per day for a semi-private room rate for an overnight stay.
Intensive Care Unit Expenses	Covered Medical Expenses are payable up to a maximum of **$1,000** per day for an overnight stay.
Miscellaneous Hospital Expenses	Covered Medical Expenses are payable up to a maximum of **$700** per hospital confinement. Once charges exceed **$700** benefits are payable as follows: ***Preferred Care:*** 80% of the Negotiated Charge. ***Non-Preferred Care:*** 80% of the Reasonable Charge. Covered Medical Expenses include, but are not limited to: laboratory tests, X-rays, anesthesia, use of special equipment, medicines and use of operating room.
Physician Hospital Visit Expenses	Covered Medical Expenses for charges for the non-surgical services of the attending Physician or a consulting Physician are payable up to **$75** for the first visit and **$60** for each visit thereafter up to a maximum of **$1,300** per Sickness.
Licensed Nurse Expenses	Covered Medical Expenses for services for full-time nursing care by a registered nurse (RN) while confined to a hospital and when recommended by a doctor, up to **$60** per eight hour shift, up to a maximum of **$1,800** per Sickness.

Surgical Benefits (Inpatient and Outpatient)

All Covered Medical Expenses in this section are subject to a **$5,000** per Sickness benefit maximum.

Surgical Expenses	Covered Medical Expenses for charges for surgical services performed by a Physician.
Anesthetist Expenses and Assistant Surgeon Expenses	Covered Medical Expenses for the charges of an anesthetist and an assistant surgeon during a surgical procedure for surgical services performed during a surgical operation are payable as follows: ***Preferred Care:*** 80% of the Surgical Allowance.

Non-Preferred Care: 80% of the Surgical Allowance.

Outpatient Benefits

All Covered Medical Expenses for Outpatient services are payable up to a maximum of **$1,500** for each covered Sickness unless otherwise stated.

Covered Medical Expenses include, but are not limited to: Physician's office visits, hospital or outpatient department or emergency room visits, durable medical equipment, physical therapy, clinical lab, radiological facility or other similar facility licensed by the state.

Physician's Office Expenses	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge after a **$10** Copay per visit. ***Non-Preferred Care:*** 80% of the Reasonable Charge after a **$10** Deductible per Sickness.
Emergency Care Expenses	Covered Medical Expenses for treatment of an Emergency Medical Condition are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge after a **$20** Copay per visit. ***Non-Preferred Care:*** 80% of the Reasonable Charge after a **$20** Deductible per Sickness.
Lab and X-ray Expenses *(Non-Hospital)*	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge after a **$10** Copay per visit. ***Non-Preferred Care:*** 80% of the Reasonable Charge after a **$10** Deductible per Sickness.

Mental Health and Substance Abuse Benefits

Inpatient Expenses – Mental or Emotional Illness or Disorder	Covered Medical Expenses for the treatment of a mental health condition while confined as an inpatient in a hospital or facility licensed for such treatment are payable on the same basis as for any other Sickness. Covered Medical Expenses also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Benefits are payable in place of an inpatient admission, whereby two days of partial hospitalization may be exchanged for one day of full hospitalization.
Outpatient Expenses – Mental or Emotional Illness or Disorder	Covered Medical Expenses for the care or treatment of a mental health condition by a licensed or accredited health service organization or hospital or by a licensed practitioner are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge after a **$10** Copay per visit. ***Non-Preferred Care:*** 80% of the Reasonable Charge after a **$10** Deductible per Sickness. Benefits are payable up to a maximum of **$2,000** per Sickness per Policy Year.

Mental Health and Substance Abuse Benefits (continued)

Inpatient Expenses – Alcohol and Substance Abuse	Covered Medical Expenses for the treatment of alcohol/substance abuse while confined as an inpatient in a hospital or facility licensed for such treatment are payable on the same basis as for any other Sickness. Covered Medical Expenses also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Benefits are payable in place of an inpatient admission, whereby two days of partial hospitalization may be exchanged for one day of full hospitalization.
Outpatient Expenses – Alcohol and Substance Abuse	Covered Medical Expenses for the care or treatment of alcohol/substance abuse by a licensed or accredited health service organization or hospital or by a fully licensed practitioner are payable on the same basis as for any other Sickness.

Other Benefits

Ambulance Expenses	Covered Medical Expenses are payable at 100% of the Reasonable Charge to a maximum set by the Department of Public Health in accordance with Connecticut General Statutes section 19a-177 when required due to the emergency nature of a covered Sickness.
Dental Expenses	Covered Medical Expenses are payable on the same basis as any other surgical expense for the removal of impacted wisdom teeth up to a maximum of **$3,000** per Sickness.
High Cost Procedure Expenses *(Diagnostic Allowance includes MRI, CAT Scan, Echocardiogram, etc.)*	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 80% of the Negotiated Charge. ***Non-Preferred Care:*** 80% of the Reasonable Charge. Covered Medical Expenses are subject to a **$1,500** benefit maximum per covered illness.
Prescription Drug Expenses	Covered Medical Expenses for outpatient Prescription Drugs associated with a covered Sickness or covered Accident occurring during the Policy Year, are payable as follows: ***Preferred Pharmacy:*** 100% of Negotiated Rate after a $5 copay (generic drug) or $10 copay (brand-name drug). ***Non-Preferred Pharmacy:*** 80% of Reasonable Charge for each Prescription Drug dispensed at a Non-Participating Pharmacy after a $5 copay (generic drug) or $10 copay (brand-name drug). . Preferred (in-network) Pharmacy must accept Pharmacy card, no out-of-pocket expense to student other than copay. Acceptable for student to pay in full at the time of service for all prescriptions dispensed at a Non-Participating Pharmacy, and then submit claim for reimbursement of covered charges. Covered Medical Expenses for outpatient Prescription Drugs are payable up to a maximum of **$2,000** per Policy Year.

Other Benefits (continued)

Prescription Drug Expenses *(continued)*

Medications not covered by this benefit include, but are not limited to: allergy sera, drugs whose sole purpose is to promote or to stimulate hair growth, appetite suppressants, smoking deterrents, immunization agents and vaccines, and non-self injectables.

Coverage for the following state mandated benefits will be covered on the same basis as any other benefit covered by this Plan unless otherwise indicated.

Women's Health Benefit Expenses

Covered Medical Expenses include expenses for an annual Pap smear on the same basis as any outpatient expenses for women age 18 and older. If follow-up diagnostic Pap smears are Medically Necessary, they will be covered on the same basis as any other outpatient expense.

Mammogram Expenses

Covered Medical Expenses are payable on the same basis as any other expense. Coverage is provided for:

- one or more mammograms a year, as recommended by a doctor, for any woman who is at risk for breast cancer. For purposes of this benefit, "at risk" means:
  - the woman has a personal history of breast cancer;
  - the woman has a personal history of biopsy-proven benign breast disease; or
  - the woman's mother, sister, or daughter has or has had breast cancer;
- a baseline mammogram for a woman aged 35 to 40 years; and,
- an annual mammogram for a woman aged 40 or older, or more frequently if recommended by the woman's Physician;
- comprehensive ultrasound screening of an entire breast or breasts if such screening is recommended by a Physician for a woman classified as a category 2, 3, 4 or 5 under the Breast Imaging Reporting and Data System established by the American College of Radiology.
- a comprehensive ultrasound screening of an entire breast or breasts if:

(1) a mammogram demonstrates heterogeneous or dense breast tissue based on the American College of Radiology's Breast Imaging Reporting and Data System (BI-RADS); or

(2) a woman is believed to be at risk for breast cancer due to family history or prior personal history of breast cancer, positive genetic testing or other indications as determined by a woman's physician or advanced practice registered nurse.

Early Intervention Expenses

Medically Necessary early intervention services for a Dependent child from birth until the child's third birthday, up to a maximum benefit of **$3,200** per year and an aggregate benefit of **$9,600** over the total three-year period. No payment made under this benefit shall be applied against the Aggregate Maximum amount.

Other Benefits (continued)

Maternity Expenses	Covered Medical Expenses for pregnancy, childbirth, and complications of pregnancy are payable on the same basis as any other Sickness. In the event of an inpatient confinement, such benefits would be payable for inpatient care of the Covered Person, and any newborn child, for a minimum of 48 hours after a vaginal delivery and for a minimum of 96 hours after a cesarean delivery. Any decision to shorten such minimum coverages shall be made by the attending Physician in consultation with the mother and done in accordance with the rules and regulations promulgated by the Department of Public Health. In such cases, Covered Medical Expenses may include home visits, parent education, and assistance and training in breast or bottle feeding.
Tumor and Leukemia Expenses	Surgical removal of tumors and treatment of leukemia, including outpatient chemotherapy, reconstructive surgery, cost of any non-dental prosthesis including maxillo-facial prosthesis used to replace anatomic structures lost during treatment for head and neck tumors or additional appliances essential for the support of such prosthesis, and outpatient chemotherapy following surgical procedure in connection with the treatment of tumors. Such benefits shall be subject to the same terms and conditions applicable to all other benefits under the Plan. Plan will pay a Policy Year benefit of (1) **$1,000** for the removal of any breast implant; (2) **$700** for the surgical removal of tumors; (3) **$700** for reconstructive surgery; (4) **$700** for outpatient chemotherapy; and (5) **$700** for prosthesis, except that for the purposes of the surgical removal of breast due to tumors, the Policy Year benefit for prosthesis shall be at least **$350** for each breast.
Home Health Care Expenses	Expenses for covered home health aide service in lieu of hospitalization, except if diagnosed by a doctor as terminally ill with a prognosis of six months or less to live. Covered Medical Expenses are payable as described below if expenses are incurred within the first 12 months from the date of the first home health care visit. A **$50** annual Deductible applies. ***Preferred Care:*** 75% of the Negotiated Charge. ***Non-Preferred Care:*** 75% of the Reasonable Charge. Covered Medical Expenses are payable up to a maximum of 80 visits per Policy Year. Four hours of home health aide services shall be considered one home health care visit. Covered Medical Expenses include, but are not limited to: 1) Part-time nursing care by or supervised by a registered nurse (RN); 2) Part-time home health aide service which consists mainly of caring for the patient;

Other Benefits (continued)

Home Health Care Expenses *(continued)*	3) Physical, occupational, or speech therapy; or, 4) Medical supplies, drugs, medicines, and lab tests prescribed by a Physician. 5) Each four hours of home health aide will count as one visit. In the case of a terminally ill Covered Person, no more than $200.00 for medical social services for any 12-month period will be paid for covered services.
Diabetic Treatment and Supplies Expenses *(Please Note: Insulin, syringes, and diabetic testing supplies are covered under the Prescription Drug portion of the Plan)*	Covered Medical Expenses incurred for diabetic treatment, other than those provided under the Prescription Drug portion of the Plan, are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge. ***Non-Preferred Care:*** 80% of the Reasonable Charge.
Craniofacial Disorders Expenses	Covered Medical Expenses include charges incurred for orthopedic processes and appliances for treatment of craniofacial disorders for Covered Persons age 18 or younger. Covered Medical Expenses are payable on the same basis as any other expense.
Lyme Disease Treatment Expenses	Covered Medical Expenses include not less than 30 days of intravenous antibiotic therapy, 60 days of oral antibiotic therapy, or both, and further treatment if recommended by a rheumatologist, infectious disease specialist or neurologist.
Hearing Aids for Children Expenses	Covered Medical Expenses include Hearing Aids for children 12 years of age and younger up to **$1,000** in a 24 month period.
Prostate Cancer Screening Expenses	Covered Medical Expenses include, but are not limited to, prostate specific antigen (PSA) tests, to screen for prostate cancer for men who are symptomatic, whose biological father or brother have been diagnosed with prostate cancer, and for all men aged 50 and older. Covered Medical Expenses are payable on the same basis as any other expense.
Colorectal Cancer Screening Expenses	Covered Medical Expenses include charges incurred by a Covered Person who is non-symptomatic and age 50 or more or who is symptomatic and under age 50 for colorectal cancer examination and for the following tests: • One fecal occult blood test every 12 consecutive months; • A sigmoidoscopy at age 50 and every three years thereafter; • One digital rectal exam every 12 consecutive months; • A double contrast barium enema every five years; and, • A colonoscopy every 10 years. Covered Medical Expenses are payable on the same basis as any expense.

Other Benefits (continued)

Prescription Contraceptive Medical Expenses	Covered Medical Expenses are payable on the same basis as any expense. Covered Medical Expenses also include any expenses incurred for office visits in conjunction with the administration of a covered Prescription contraceptive. Coverage of oral contraceptives, Lunelle, Depo-Provera, Patch and Ring are provided under the separate Prescription Drug Benefit portion of the Plan.
Cancer Routine Care Expenses	Covered Medical Expenses include routine patient care costs associated with cancer clinical trials.
Preventative Pediatric Care Expenses	Benefits will be provided for periodic reviews every two months between birth to six months, every three months between nine to 18 months, and then annually from two to six years. Services must be provided by or under the supervision of a single Physician during the course of a visit. Preventative Pediatric Care means the periodic review of a Dependent child's physical and emotional health from birth through six years of age by or under the supervision of a Physician. Periodic reviews shall include a medical history, complete physical examination, developmental assessment, anticipatory guidance, appropriate immunizations and laboratory tests in keeping with prevailing medical standards.
Chiropractic Care Expenses	Covered Medical Expenses will be payable for services rendered by a licensed chiropractor, to the same extent coverage is provided for services rendered by a Physician, if such chiropractic services (1) treat a condition covered under this Plan and (2) are within those services a chiropractor is licensed to perform. Payable as any other Physician benefit.
Hypodermic Needles or Syringes Expenses	Physician prescribed hypodermic needles or syringes for the purpose of administering medications for medical conditions, provided such medications are covered under this Plan.
Inherited Metabolic Disease Expenses	Covered Medical Expenses include therapeutic treatment of Inherited Metabolic Disease, including the purchase of amino acid modified preparations and Low Protein Modified Food Products, when prescribed by and administered under the direction of a Physician payable on the same basis as any other Sickness. Inherited Metabolic Disease means a disease for which newborn screening is required under Connecticut law and is caused by an inherited abnormality of body chemistry. Low Protein Modified Food Product means a product formulated to have less than one gram of protein per serving and intended for the dietary treatment of an inherited metabolic disease under the direction of a Physician.

Other Benefits (continued)

Mastectomy, Reconstructive Breast Surgery or Lymph Node Dissection Expenses	Covered Medical Expenses for such surgery will be paid under the Surgery Benefits. Coverage will be provided for at least 48 hours of inpatient care following a mastectomy or lymph node surgery. Coverage will be provided for longer periods of inpatient care if it is recommended by the patient's treating Physician after conferring with the patient. The plan will also provide benefits for the reasonable costs of reconstructive surgery on each breast on which a mastectomy has been performed, and reconstructive surgery on a non-diseased breast to produce a symmetrical appearance. This benefit is subject to the same terms and conditions applicable to all other benefits under this Policy.
Occupational Therapy Expenses	Covered Medical Expenses will be considered at 80% of the Reasonable Charges for expenses incurred for occupational therapy received by a Covered Person as the result of a covered Accident.
Ostomy Appliances and Supplies Expenses	Covered Medical Expenses incurred by a Covered Person which are Medically Necessary expenses for surgical treatments that end in the phrase "ostomy" as defined in Connecticut law. Reimbursement will be made for the Ostomy Appliances and Supplies up to a maximum benefit of **$1,000** per condition. Under Connecticut law, Ostomy Appliances and Supplies include, but are not limited to, collection devices, irrigation equipment and supplies, skin barriers and skin protectors.
Pain Management Benefit Expenses	Covered Medical Expenses include the expenses incurred by a Covered Person for treatment by or under the management of a pain management specialist. This includes expenses incurred for pain treatment ordered by such specialist. Such treatment may include all means necessary to make a diagnosis and develop a treatment plan including the use of necessary medications and procedures.
Anesthesia and In-hospital Dental Services Expenses	Covered Medical Expenses incurred for Medically Necessary in or out patient treatment or one day dental treatment for a Covered Person who is determined by a licensed dentist, in conjunction with a Physician, to have a dental condition of significant dental complexity that it requires certain dental procedures to be performed in a hospital or has a developmental delay disability if a Physician determines Medically Necessary.
Specialized Formula Expenses	When Medically Necessary for children up to age three for the treatment of a disease or condition and administered under the direction of Physician as specified in Public Act 01-101.
Neuropsychological Testing for Children with Cancer	Covered Medical Expenses include neuropsychological testing ordered by a physician to assess the extent chemotherapy or radiation treatment has caused a child to have cognitive or developmental delays. Coverage is applicable to Covered Dependent children diagnosed with cancer on or after 1/1/2000 and is payable as any other illness.

Other Benefits (continued)

Infertility Expenses

Covered Medical Expenses include Medically Necessary expenses of the diagnosis and treatment of infertility, including but not limited to:

1) Ovulation induction;
2) Intrauterine insemination;
3) In-vitro fertilization;
4) Uterine embryo lavage;
5) Embryo transfer;
6) Gamete intra-fallopian transfer;
7) Zygote intra-fallopian transfer; and
8) Low tubal ovum transfer.

Coverage may be limited as follows:

1) Starting at age 40;
2) For ovulation induction: a lifetime maximum of four cycles;
3) For intrauterine insemination: a lifetime maximum of three cycles;
4) For in-vitro fertilization, gamete intra-fallopian transfer, zygote intra-fallopian transfer, or low tubal ovum transfer: lifetime maximum of two cycles, with not more than two embryo implantations per cycle provided that each such fertilization/transfer is credited toward such maximum as one cycle;
5) Coverage for in-vitro fertilization, gamete intra-fallopian transfer, zygote intra-fallopian transfer and low tubal ovum transfer may be limited to those unable to conceive or produce conception or sustain a successful pregnancy through less expensive and medically viable infertility treatment or procedures covered under the Policy;
6) Treatment or procedures may be required to be performed at facilities that conform to the standards and guidelines of the American Society for Reproductive Medicine or the Society of Reproductive Endocrinology and Infertility;
7) Coverage may be limited to those who have had coverage for at least 12 months;
8) Insurers may require disclosure by the individual seeking such coverage to the individuals' existing health carrier of any previous infertility treatment or procedures received under a different policy. The disclosure must be made on a form and manner prescribed by the Commissioner.

In addition to the above, the following benefits are provided to all students purchasing accident coverage:

Medical Emergency Travel Assistance	Unlimited, when student traveling more than 100 miles from home or campus
Medical Evacuation	Exceeds the USIA requirements for International Students and Scholars
Repatriation	Exceeds the USIA requirements for International Students and Scholars

3. Premium for Dependent Accident and Sickness Insurance

Vendors must submit with their bids the cost of the premium to be charged full time students for spousal and dependent coverage. A twelve-month rate (August 1, 2008 through July 31, 2009) and a single semester rate (8/01/08 - 1/19/09 or 1/20/09 - 7/31/09) should be provided for such coverage.

4. Accidental Death and Dismemberment Benefits (Student Only)

This insurance will pay the appropriate portion of the Principal Sum if a Covered Person sustains a loss of the type listed within 90 days after suffering a bodily injury due to a covered accident. Such injury must occur while the covered person is 1) practicing for, 2) engaging in, or 3) traveling to or from an official activity of the policyholder as a participant from an officially recognized organization or department.

Type of Loss or Benefit	
Life	$ 5,000.
One hand and one foot	$10,000.
Either hand or foot, or sight of one eye	$10,000.
Both hands or both feet, or sight of both eyes	$25,000.
Either hand or foot and sight of one eye	$25,000.
Paraplegia or Hemiplegia	$25,000.
Quadriplegia	$50,000.

Loss of a hand or foot is actual severance through or above the wrist or ankle joint. Loss of an eye is the entire and irrecoverable loss of the sight of the eye.

DOMESTIC STUDENTS

CLASS DESCRIPTION OF CLASS

I. All full-time Domestic Students of the Policyholder are covered under the Accident Medical Insurance Plan.

II. All full-time Domestic Students of the Policyholder are automatically covered under the Sickness Medical Insurance Plan unless they waive out of this Policy pursuant to the directive of the Board of Trustees of the Connecticut State University System.

III. All part-time Matriculated Domestic Students of the Policyholder are eligible to enroll in this Policy.

IV. Dependents of Insured Students (the insured student's spouse residing with the student, or the insured student's unmarried child over 14 days but under the age of 19 years, or a child born to an insured student while this policy is in force) will be covered by this policy from the policy inception date. A child born to an insured student while this policy is in force will be covered from the moment of birth.

INTERNATIONAL STUDENTS

CLASS DESCRIPTION OF CLASS

I. All full-time International Students & Scholars of the Policyholder holding J1 visas, students participating in the intensive English Language Institute, and, at their option, International Students & Scholars of the Policyholder holding F1 visas.

II. All full-time International Students & Scholars and students participating in the intensive English Language Institute who arrive prior to the effective date of coverage will be covered by paying an additional premium to be detailed in Proposal.

III. Dependents of Insured Student

ENROLLMENT Fall 2007

	FULL-TIME			PART-TIME			ALL
	Undergrad	Graduate	Total	Undergrad	Graduate	Total	TOTAL
Central	7,658	520	8,178	2,046	1,882	3,928	12,106
Eastern	3,975	68	4,043	851	243	1,094	5,137
Southern	7,114	910	8,024	1,401	2,505	3,906	11,930
Western	4,375	98	4,473	1,144	594	1,738	6,211
CSUS	23,122	1,596	24,718	5,442	5,224	10,666	**35,384**
FT Non-resident 267				PT Non-resident 122			*389*

ENROLLMENT Fall 2006

	FULL-TIME			PART-TIME			ALL
	Undergrad	Graduate	Total	Undergrad	Graduate	Total	TOTAL
Central	7,463	536	7,999	2,181	1,964	4,145	12,144
Eastern	3,898	61	3,959	1,000	280	1,280	5,239
Southern	7,052	944	7,996	1,525	2,805	4,330	12,326
Western	4,131	77	4,208	1,253	625	1,878	6,086
CSUS	22,544	1,618	24,162	5,959	5,674	11,633	**35,795**
FT Non-resident 290				PT Non-resident 138			*428*

ENROLLMENT Fall 2005

	FULL-TIME			PART-TIME			ALL
	Undergrad	Graduate	Total	Undergrad	Graduate	Total	TOTAL
Central	7,445	531	7,976	2,233	2,106	4,339	12,315
Eastern	3,751	95	3,846	994	273	1,267	5,113
Southern	6,697	1,083	7,780	1,612	2,766	4,378	12,158
Western	4,002	94	4,096	1,193	618	1,811	5,907
CSUS	21,895	1,803	23,698	6,032	5,763	11,795	**35,493**
FT Non-resident 305				PT Non-resident 148			*453*

J-1 Visa Non-resident alien Students

	Fall 2007	Fall 2006	Fall 2005
CENTRAL			
FT Non-resident	153	163	151
PT Non-resident	55	58	59
TOTAL	208	221	210
EASTERN			
FT Non-resident	34	30	35
PT Non-resident	6	2	7
TOTAL	40	32	42
SOUTHERN			
FT Non-resident	71	87	99
PT Non-resident	50	60	54
TOTAL	121	147	153
WESTERN			
FT Non-resident	9	10	20
PT Non-resident	11	18	28
TOTAL	20	28	48
CSUS TOTAL	**389**	**428**	**453**

Enrollment/Premium History

Fiscal Year	CCSU	ECSU	SCSU	WCSU	Total CSUS
FY2006-07					
Accident					
Enrollment	6,895	3,518	7,018	4,042	21,473
Total Premiums	$1,119,447	$ 508,508	$1,082,653	$ 578,078	$ 3,288,685
Sickness					
Enrollment	1,150	760	1,942	759	4,611
Total Premiums	$1,129,948	$ 573,157	$1,656,025	$ 587,905	$ 3,947,035
FY2005-06					
Accident					
Enrollment	6,281	3,096	6,456	3,291	19,124
Total Premiums	$ 973,482	$ 468,835	$ 990,744	$ 486,125	$ 2,919,186
Sickness					
Enrollment	1,098	704	1,538	623	3,963
Total Premiums	$ 994,675	$ 561,413	$1,390,108	$ 449,839	$ 3,396,036
FY2004-05					
Accident					
Enrollment	7,427	3,620	7,353	3,778	22,178
Total Premiums	$ 846,564	$ 412,623	$ 838,185	$ 430,692	$ 2,528,064
Sickness					
Enrollment	2,019	1,003	2,229	770	6,021
Total Premiums	$1,395,180	$ 606,783	$1,383,008	$ 575,770	$ 3,960,741

CENTRAL CONNECTICUT STATE UNIVERSITY
2007-08 Sports Census

	Number of Participants		
	Men	**Women**	**Total**
Intercollegiate			
Baseball	31		31
Basketball	15	16	31
Cheerleaders		25	25
Cross Country	10	12	22
Football/Fall	80		80
Football/Spring	90		90
Golf	9	8	17
Lacrosse		24	24
Soccer	27	24	51
Student Mgrs./Trainers	10	10	20
Swimming/Diving		24	24
Track & Field	48	32	80
Volleyball		16	16
Softball		24	24
Total	**320**	**215**	**535**

EASTERN CONNECTICUT STATE UNIVERSITY
2007-2008 Sports Census

	Number of Participants		
	Men	**Women**	**Total**
Intercollegiate			
Baseball	44		44
Basketball	16	16	32
Cheerleaders		16	16
Cross Country	12	12	24
Field Hockey		22	22
Lacrosse	32	22	54
Soccer	24	28	52
Swimming/Diving		23	23
Track & Field	30	30	60
Volleyball		18	18
Softball		24	24
Total	**158**	**211**	**369**

SOUTHERN CONNECTICUT STATE UNIVERSITY
2007- 08 Sports Census

	Number of Participants		
	Men	**Women**	**Total**
Intercollegiate			
Baseball	26		26
Basketball	16	15	31
Cross Country	20	15	35
Field Hockey		15	15
Football/Fall	86		86
Football/Spring	72		72
Gymnastics		20	20
Lacrosse		16	16
Soccer	27	24	51
Student Mgrs./Trainers	20	19	39
Swimming/Diving	22	22	44
Track & Field/Indoor	42	50	92
Track & Field/Outdoor	40	40	80
Volleyball		15	15
Softball		26	26
Total	**371**	**277**	**648**

WESTERN CONNECTICUT STATE UNIVERSITY
2007-08 Sports Census

	Number of Participants		
	Men	**Women**	**Total**
Intercollegiate			
Baseball	32		32
Basketball	16	18	34
Football/Fall	100		100
Football/Spring	70		70
Lacrosse	35	18	53
Soccer	32	35	67
Softball		22	22
Student Mgrs./Trainers	4	3	7
Swimming/Diving		18	18
Tennis	12	10	22
Volleyball		18	18
Total	**301**	**142**	**443**

Claim Summary Report - Total CSUS

Policy Year	Inpatient	Outpatient	Rx Benefit	Total Paid	Pended Claims	Reserve	Ultimate Claims
2006-07	$814,631	$4,132,805	$1,470,427	$6,417,863	$153,964	$216,693	$6,788,520
2005-06	$791,077	$3,182,454	$1,160,270	$5,133,801	$3,444	$650	$5,137,895
2004-05	$1,120,093	$2,177,492	$835,276	$4,457,009	$0	NA	NA

CENTRAL CONNECTICUT STATE UNIVERSITY
2007-08 Sports Census

	Number of Participants		
	Men	**Women**	**Total**
Club Sports			
Equestrian		16	16
Ice Hockey	32		32
Karate/Judo	35	15	50
Lacrosse	25		25
Rugby	30	30	60
Skiing	6	6	12
Triathlon	15	2	17
Total	**143**	**69**	**212**
Intramural			
Basketball	150	20	170
Football/Fall	60	10	70
Tennis	25	15	40
Volleyball	50	35	85
Softball	105	37	142
Floor Hockey	37	12	49
Badminton	37	12	49
Soccer	30	12	42
Wiffle Ball	20	6	26
Dodge Ball	20	6	26
Total	**534**	**165**	**699**

EASTERN CONNECTICUT STATE UNIVERSITY

2007-2008 Sports Census

	Number of Participants		
	Men	**Women**	**Total**
Club Sports			
Rugby	30		30
Dance		40	40
Fencing	20	10	30
Total	**50**	**50**	**100**
Intramural			
Dodgeball	125	20	145
Basketball	340	60	400
Football/Fall	250		250
Soccer (Co-ed)	160	65	225
Volleyball	145	230	375
Raquetball	10	10	20
Wiffleball	30	10	40
Floor Hockey	85	60	145
Softball	650	70	720
Kickball	50	20	70
Tennis	15	15	30
Total	**1,860**	**560**	**2,420**

SOUTHERN CONNECTICUT STATE UNIVERSITY

2007- 08 Sports Census

	Number of Participants		
	Men	**Women**	**Total**
Club Sports			
Cheerleaders		50	50
Ice Hockey	40	2	42
Karate/Judo	14	14	28
Rugby	32	28	60
Student Mgrs./Trainers	1	1	2
Drill Team/Step Team		36	36
Ultimate Frisbee Team	11	21	32
Dance Team		15	15
Paint Ball Team	12	3	15
Total	**110**	**170**	**280**
Intramural			
Basketball	170	5	175
Football/Fall	95	2	97
Golf	55	7	62
Soccer	165	21	186
Student Mgrs./Trainers		2	2
Volleyball	25	12	37
Softball	150	50	200
Floor Hockey	50	12	62
Dodgeball	60	24	84
Whiffleball	55	11	66
Bowling	50	15	65
Total	**875**	**161**	**1,036**

WESTERN CONNECTICUT STATE UNIVERSITY
2007-08 Sports Census

	Number of Participants		
	Men	**Women**	**Total**
Club Sports			
Ice Hockey	30		30
Cheerleading		20	20
Rugby	30	20	50
Dance		20	20
Total	**60**	**60**	**120**
Intramural			
Basketball	150	30	180
Flag Football	100	50	150
Soccer	30	20	50
Dodgeball	30	20	50
Volleyball	20	20	40
Total	**330**	**140**	**470**

SEEC FORM 11

NOTICE TO EXECUTIVE BRANCH STATE CONTRACTORS AND PROSPECTIVE STATE CONTRACTORS OF CAMPAIGN CONTRIBUTION AND SOLICITATION BAN

This notice is provided under the authority of Connecticut General Statutes 9-612(g)(2), as amended by P.A. 07-1, and is for the purpose of informing state contractors and prospective state contractors of the following law (italicized words are defined below):

Campaign Contribution and Solicitation Ban

No *state contractor, prospective state contractor, principal of a state contractor or principal of a prospective state contractor*, with regard to a *state contract* or *state contract solicitation* with or from a state agency in the executive branch or a quasi-public agency or a holder, or principal of a holder of a valid prequalification certificate, shall make a contribution to, or *solicit* contributions on behalf of (i) an exploratory committee or candidate committee established by a candidate for nomination or election to the office of Governor, Lieutenant Governor, Attorney General, State Comptroller, Secretary of the State or State Treasurer, (ii) a political committee authorized to make contributions or expenditures to or for the benefit of such candidates, or (iii) a party committee;

In addition, no holder or principal of a holder of a valid prequalification certificate, shall make a contribution to, or solicit contributions on behalf of (i) an exploratory committee or candidate committee established by a candidate for nomination or election to the office of State senator or State representative, (ii) a political committee authorized to make contributions or expenditures to or for the benefit of such candidates, or (iii) a party committee.

Duty to Inform

State contractors and prospective state contractors are required to inform their principals of the above prohibitions, as applicable, and the possible penalties and other consequences of any violation thereof.

Penalties for Violations

Contributions or solicitations of contributions made in violation of the above prohibitions may result in the following civil and criminal penalties:

Civil penalties--$2000 or twice the amount of the prohibited contribution, whichever is greater, against a principal or a contractor. Any state contractor or prospective state contractor which fails to make reasonable efforts to comply with the provisions requiring notice to its principals of these prohibitions and the possible consequences of their violations may also be subject to civil penalties of $2000 or twice the amount of the prohibited contributions made by their principals.

Criminal penalties—Any knowing and willful violation of the prohibition is a Class D felony, which may subject the violator to imprisonment of not more than 5 years, or $5000 in fines, or both.

Contract Consequences

Contributions made or solicited in violation of the above prohibitions may result, in the case of a state contractor, in the contract being voided.

Contributions made or solicited in violation of the above prohibitions, in the case of a prospective state contractor, shall result in the contract described in the state contract solicitation not being awarded to the prospective state contractor, unless the State Elections Enforcement Commission determines that mitigating circumstances exist concerning such violation.

The State will not award any other state contract to anyone found in violation of the above prohibitions for a period of one year after the election for which such contribution is made or solicited, unless the State Elections Enforcement Commission determines that mitigating circumstances exist concerning such violation.

Additional information and the entire text of P.A 07-1 may be found on the website of the State Elections Enforcement Commission, www.ct.gov/seec. Click on the link to "State Contractor Contribution Ban."

Definitions:

"State contractor" means a person, business entity or nonprofit organization that enters into a state contract. Such person, business entity or nonprofit organization shall be deemed to be a state contractor until December thirty-first of the year in which such contract terminates. "State contractor" does not include a municipality or any other political subdivision of the state, including any entities or associations duly created by the municipality or political subdivision exclusively amongst themselves to further any purpose authorized by statute or charter, or an employee in the executive or legislative branch of state government or a quasi-public agency, whether in the classified or unclassified service and full or part-time, and only in such person's capacity as a state or quasi-public agency employee.

"Prospective state contractor" means a person, business entity or nonprofit organization that (i) submits a response to a state contract solicitation by the state, a state agency or a quasi-public agency, or a proposal in response to a request for proposals by the state, a state agency or a quasi-public agency, until the contract has been entered into, or (ii) holds a valid prequalification certificate issued by the Commissioner of Administrative Services under section 4a-100. "Prospective state contractor" does not include a municipality or any other political subdivision of the state, including any entities or associations duly created by the municipality or political subdivision exclusively amongst themselves to further any purpose authorized by statute or charter, or an employee in the executive or legislative branch of state government or a quasi-public agency, whether in the classified or unclassified service and full or part-time, and only in such person's capacity as a state or quasi-public agency employee.

"Principal of a state contractor or prospective state contractor" means (i) any individual who is a member of the board of directors of, or has an ownership interest of five per cent or more in, a state contractor or prospective state contractor, which is a business entity, except for an individual who is a member of the board of directors of a nonprofit organization**,** (ii) an individual who is employed by a state contractor or prospective state contractor, which is a business entity, as president, treasurer or executive vice president, (iii) an individual who is the chief executive officer of a state contractor or prospective state contractor, which is not a

business entity, or if a state contractor or prospective state contractor has no such officer, then the officer who duly possesses comparable powers and duties, (iv) an officer or an employee of any state contractor or prospective state contractor who has *managerial or discretionary responsibilities with respect to a state contract,* (v) the spouse or a *dependent child* who is eighteen years of age or older of an individual described in this subparagraph, or (vi) a political committee established or controlled by an individual described in this subparagraph or the business entity or nonprofit organization that is the state contractor or prospective state contractor.

"State contract" means an agreement or contract with the state or any state agency or any quasi-public agency, let through a procurement process or otherwise, having a value of fifty thousand dollars or more, or a combination or series of such agreements or contracts having a value of one hundred thousand dollars or more in a calendar year, for (i) the rendition of services, (ii) the furnishing of any goods, material, supplies, equipment or any items of any kind, (iii) the construction, alteration or repair of any public building or public work, (iv) the acquisition, sale or lease of any land or building, (v) a licensing arrangement, or (vi) a grant, loan or loan guarantee. "State contract" does not include any agreement or contract with the state, any state agency or any quasi-public agency that is exclusively federally funded, an education loan or a loan to an individual for other than commercial purposes.

"State contract solicitation" means a request by a state agency or quasi-public agency, in whatever form issued, including, but not limited to, an invitation to bid, request for proposals, request for information or request for quotes, inviting bids, quotes or other types of submittals, through a competitive procurement process or another process authorized by law waiving competitive procurement.

“Managerial or discretionary responsibilities with respect to a state contract” means having direct, extensive and substantive responsibilities with respect to the negotiation of the state contract and not peripheral, clerical or ministerial responsibilities.

“Dependent child” means a child residing in an individual’s household who may legally be claimed as a dependent on the federal income tax of such individual.

“Solicit” means (A) requesting that a contribution be made, (B) participating in any fund-raising activities for a candidate committee, exploratory committee, political committee or party committee, including, but not limited to, forwarding tickets to potential contributors, receiving contributions for transmission to any such committee or bundling contributions, (C) serving as chairperson, treasurer or deputy treasurer of any such committee, or (D) establishing a political committee for the sole purpose of soliciting or receiving contributions for any committee. Solicit does not include: (i) making a contribution that is otherwise permitted by Chapter 155 of the Connecticut General Statutes; (ii) informing any person of a position taken by a candidate for public office or a public official, (iii) notifying the person of any activities of, or contact information for, any candidate for public office; or (iv) serving as a member in any party committee or as an officer of such committee that is not otherwise prohibited in this section.

STATE OF CONNECTICUT

GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION

Certification to accompany a State contract with a value of $50,000 or more in a calendar or fiscal year, pursuant to C.G.S. §§ 4-250 and 4-252(c); Governor M. Jodi Rill's Executive Orders No. 1, Para. 8, and No. 7C, Para. 10; and C.G.S. §9-612(g)(2), as amended by Public Act 07-1

INSTRUCTIONS:

Complete all sections of the form. Attach additional pages, if necessary, to provide full disclosure about any lawful campaign contributions made to campaigns of candidates for statewide public office or the General Assembly, as described herein. Sign and date the form, under oath, in the presence of a Commissioner of the Superior Court or Notary Public. Submit the completed form to the awarding State agency at the time of initial contract execution (and on each anniversary date of a multi-year contract, if applicable).

CHECK ONE: ☐ Initial Certification ☐ Annual Update (Multi-year contracts only.)

GIFT CERTIFICATION:

As used in this certification, the following terms have the meaning set forth below:

1) "Contract" means that contract between the State of Connecticut (and/or one or more of it agencies or instrumentalities) and the Contractor, attached hereto, or as otherwise described by the awarding State agency below;
2) If this is an Initial Certification, "Execution Date" means the date the Contract is fully executed by, and becomes effective between, the parties; if this is an Annual Update, "Execution Date" means the date this certification is signed by the Contractor;
3) "Contractor" means the person, firm or corporation named as the contactor below;
4) "Applicable Public Official or State Employee" means any public official or state employee described in C.G.S. §4-252(c)(1)(i) or (ii);
5) **"Gift"** has the same meaning given that term in C.G.S. § 4-250(1);
6) "Planning Start Date" is the date the State agency began planning the project, services, procurement, lease or licensing arrangement covered by this Contract, as indicated by the awarding State agency below; and
7) "Principals or Key Personnel" means and refers to those principals and key personnel of the Contractor, and its or their agents, as described in C.G.S. §§ 4-250(5) and 4-252(c)(1)(B) and (C).

I, the undersigned, am the official authorized to execute the Contract on behalf of the Contractor. I hereby certify that, between the Planning Start Date and Execution Date, neither the Contractor nor any Principals or Key Personnel has made, will make (or has promised, or offered, to, or otherwise indicated that he, she or it will, make) any **Gifts** to any Applicable Public Official or State Employee.

I further certify that no Principals or Key Personnel know of any action by the Contractor to circumvent (or which would result in the circumvention of) the above certification regarding **Gifts** by providing for any other principals, key personnel, officials, or employees of the Contractor, or its or their agents, to make a **Gift** to any Applicable Public Official or State Employee. I further certify that the Contractor made the bid or proposal for the Contract without fraud or collusion with any person.

CAMPAIGN CONTRIBUTION CERTIFICATION:

I further certify that, on or after December 31, 2006, neither the Contractor nor any of its principals, as defined in C.G.S. § 9-612(g)(1), has made any **campaign contributions** to, or solicited any contributions on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support, any candidate for statewide public office, in violation of C.G.S. § 9-612(g)(2)(A). I further certify that **all lawful campaign contributions** that have been made on or after December 31, 2006 by the Contractor or any of its principals, as defined in C.G.S. § 9-612(g)(1), to, or solicited on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support any candidates for statewide public office or the General Assembly, are listed below:

STATE OF CONNECTICUT
GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION

Lawful Campaign Contributions to Candidates for Statewide Public Office:

Contribution Date Description	Name of Contributor	Recipient	Value

Lawful Campaign Contributions to Candidates for the General Assembly:

Contribution Date Description	Name of Contributor	Recipient	Value

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

_____ _____

Signature of Authorized Official Printed Contractor Name

Subscribed and acknowledged before me this _____ day of _____, 200__.

_____

Commissioner of the Superior Court (or Notary Public)

For State Agency Use Only

_____ _____

Awarding State Agency Planning Start Date

_____

Contract Number or Description

STATE OF CONNECTICUT
CONSULTING AGREEMENT AFFIDAVIT

Affidavit to accompany a State contract for the purchase of goods and services with a value of $50,000 or more in a calendar or fiscal year, pursuant to Connecticut General Statutes §§ 4a-81(a) and 4a-81(b

INSTRUCTIONS:

If the bidder or vendor has entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1): Complete all sections of the form. If the bidder or vendor has entered into more than one such consulting agreement, use a separate form for each agreement. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public. **If the bidder or vendor has not entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1):** Complete only the shaded section of the form. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public.

Submit completed form to the awarding State agency with bid or proposal. For a sole source award, submit completed form to the awarding State agency at the time of contract execution.

This affidavit must be amended if the contractor enters into any new consulting agreement(s) during the term of the State contract.

AFFIDAVIT: [Number of Affidavits Sworn and Subscribed On This Day: _____]

I, the undersigned, hereby swear that I am the chief official of the bidder or vendor awarded a contract, as described in Connecticut General Statutes § 4a-81(a), or that I am the individual awarded such a contract who is authorized to execute such contract. I further swear that I have not entered into any consulting agreement in connection with such contract, **except for the agreement listed below**:

_____ _____
Consultant's Name and Title Name of Firm (if applicable)

_____ _____ _____
Start Date End Date Cost

Description of Services Provided: _____

_____

_____

Is the consultant a former State employee or former public official? ☐ YES ☐ NO

If YES: _____ _____
Name of Former State Agency Termination Date of Employment

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

_____ _____ _____
Printed Name of Bidder or Vendor **Signature of Chief Official or Individual** **Date**

_____ _____
Printed Name (of above) Awarding State Agency

Sworn and subscribed before me on this _____ day of _____, 200__.

_____
Commissioner of the Superior Court
or Notary Public

STATE OF CONNECTICUT

AFFIRMATION OF RECEIPT OF STATE ETHICS LAWS SUMMARY

Affirmation to accompany a large State construction or procurement contract, having a cost of more than $500,000, pursuant to Connecticut General Statutes §§ 1-101mm and 1-101qq

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INSTRUCTIONS:

Complete all sections of the form. Submit completed form to the awarding State agency or contractor, as directed below.

CHECK ONE:

☐ I am a person seeking a large State construction or procurement contract. I am submitting this affirmation to the awarding State agency with my bid or proposal. [Check this box if the contract will be awarded through a competitive process.]

☐ I am a contractor who has been awarded a large State construction or procurement contract. I am submitting this affirmation to the awarding State agency at the time of contract execution. [Check this box if the contract was a sole source award.]

☐ I am a subcontractor or consultant of a contractor who has been awarded a large State construction or procurement contract. I am submitting this affirmation to the contractor.

IMPORTANT NOTE:

Contractors shall submit the affirmations of their subcontractors and consultants to the awarding State agency. Failure to submit such affirmations in a timely manner shall be cause for termination of the large State construction or procurement contract.

AFFIRMATION:

I, the undersigned person, contractor, subcontractor, consultant, or the duly authorized representative thereof, affirm (1) receipt of the summary of State ethics laws* developed by the Office of State Ethics pursuant to Connecticut General Statutes § 1-81b and (2) that key employees of such person, contractor, subcontractor, or consultant have read and understand the summary and agree to comply with its provisions.

* The summary of State ethics laws is available on the State of Connecticut's Office of State Ethics website at http://www.ct.gov/ethics/lib/ethics/contractors_guide_final2.pdf

_____ _____

Signature Date

_____ _____

Printed Name Title

_____

Firm or Corporation (if applicable)

_____ _____ ____ _____

Street Address City

State Zip

_____

NONDISCRIMINATION CERTIFICATION

(By corporate or other business entity regarding support of nondiscrimination against persons on account of their race, color, religious creed, age, marital or civil union status, national origin, ancestry, sex, mental retardation, physical disability or sexual orientation.)

I, signer's name, signer's title, of name of entity, an entity lawfully organized and existing under the laws of name of state or commonwealth, do hereby certify that the following is a true and correct copy of a resolution adopted on the _____day of _____, 20_____ by the governing body of name of entity, in accordance with all of its documents of governance and management and the laws of name of state or commonwealth, and further certify that such resolution has not been modified, rescinded or revoked, and is, at present, in full force and effect.

RESOLVED: That name of entity hereby adopts as its policy to support the nondiscrimination agreements and warranties required under Connecticut General Statutes § 4a-60(a)(1) and § 4a-60a(a)(1), as amended in State of Connecticut Public Act 07-245 and sections 9(a)(1) and 10(a)(1) of Public Act 07-142.

WHEREFORE, the undersigned has executed this certificate this _____ day of _____, 20_____.

_____

Signature

Effective June 25, 2007

CONTRACT PROPOSAL
Please read carefully

Connecticut State University - System Office
Finance Department
39 Woodland Street
Hartford, CT 06105-2337

THIS FORM AND REQUIRED PROPOSAL SCHEDULE MUST BE RETURNED

Form BO-1

RFP NUMBER	DATE OF OPENING	TIME OF OPENING	AMOUNT OF SURETY (if required)	DATE ISSUED
CSUS-0315	January 3, 2008	2:00 PM Local Time	- None -	November 30, 2007

COMMODITY CLASS/SUBCLASS AND DESCRIPTION	BIDDERS CONFERENCE:
Student Accident and Sickness Insurance	December 5, 2007 @ 1:00pmCSU System Office (Attendance is recommended but not mandatory)

DIRECT ALL QUESTIONS TO:	TELEPHONE:
Gary M. Ritchey	(860) 493-0046

FOR	
CSUS System	CONTRACT PERIOD: Per the RFP requirements (I year with the option for 2 additional one year time frames)

REQUEST FOR PROPOSAL

Pursuant to the provisions of Sections 10a-151b and 4-217 of the General Statutes of Connecticut as amended. SEALED PROPOSALS WILL BE RECEIVED by the Finance Department of the Connecticut State University ("CSUS") for furnishing the services herein listed.

AFFIRMATION OF PROPOSER

The undersigned affirms and declares:

1. That this proposal is executed and signed with full knowledge and acceptance of the provisions of the laws of the State of Connecticut, and the terms and conditions listed herein.
2. That should any part of this proposal be accepted in writing by CSUS within one hundred twenty (120) calendar days from the date of opening unless an earlier date for acceptance is specified in proposal schedule, said proposer will furnish and deliver the services for which this proposal is made, at the rates offered and fee schedule proposed, and in compliance with the provisions listed herein. Should award of any part of this proposal be delayed beyond the period of one hundred twenty (120) days or an earlier date specified in proposal schedule, such award shall be conditioned upon proposer's acceptance.

PROPOSAL. The undersigned, accepting the conditions set forth herein, hereby agrees in strict accordance therewith, to furnish and deliver the services to Connecticut State University at the prices bid therein.

SIGNATURE WHEN PROPOSER IS AN INDIVIDUAL

TYPE OR PRINT NAME OF INDIVIDUAL		DOING BUSINESS AS (Trade Name)
BUSINESS ADDRESS STREET CITY STATE ZIP CODE		
WRITTEN SIGNATURE OF INDIVIDUAL SIGNING THIS PROPOSAL	SOCIAL SECURITY NUMBER	DATE EXECUTED
TYPEWRITTEN NAME		TELEPHONE NUMBER

SIGNATURE WHEN PROPOSER IS A FIRM

NAME (Type or print names of all partners) TITLE		NAME TITLE	
NAME TITLE		NAME TITLE	
DOING BUSINESS AS (Trade Name)	BUSINESS ADDRESS STREET CITY STATE ZIP CODE		
WRITTEN SIGNATURE OF PARTNER SIGNING THIS PROPOSAL	F.E.I. NUMBER	DATE EXECUTED	
TYPEWRITTEN NAME		TELEPHONE NUMBER	

SIGNATURE WHEN PROPOSER IS A CORPORATION

FULL NAME OF CORPORATION		INCORPORATED IN WHAT STATE	
BUSINESS ADDRESS STREET CITY STATE ZIP CODE		F.E.I. NUMBER	
PRESIDENT	SECRETARY	TREASURER	
WRITTEN SIGNATURE OF CORPORATE OFFICIAL OR PERSON DULY AUTHORIZED TO SIGN PROPOSALS ON BEHALF OF THE ABOVE CORPORATION		TITLE	
TYPEWRITTEN NAME	TELEPHONE NUMBER	DATE EXECUTED	

RETURN THIS FORM IMMEDIATELY!

Acknowledgment: Receipt of Request-For-Proposal Documents

Bid Number: **CSUS-0315**
Title: **Student Accident and Sickness Insurance**

Please take a moment to acknowledge receipt of the attached RFP documents. Your compliance with this request will help us to maintain proper follow-up procedures while ensuring that all recipients have the opportunity to submit a proposal.

Date Issued: 11/30/07

Date received? ____/____/____

Do you plan to submit a proposal? Yes_____ No_____

_____

Print or type the following information:

Company name: _____

Address: _____

City or Town: _____

Phone: _____

Fax: _____

Received by: _____

Note: Faxed acknowledgments are requested! FAX (860)493-0006
A cover sheet is NOT necessary.
IMPORTANT: DO NOT FAX BIDS.
BIDS MUST BE SUBMITTED IN SEALED PACKAGES!

CONNECTICUT STATE UNIVERSITY
39 WOODLAND STREET
HARTFORD, CT 06105-2337

CHECK LIST

This form need not be returned with your proposal. It is suggested that you review and check off each action as you complete it.

____ 1. The form BO-1 has been signed by a duly authorized representative of the company (unsigned proposals are automatically rejected).

____ 2. The prices you have offered have been reviewed and verified.

____ 3. The price extensions and totals have been checked. (In case of discrepancy between unit prices and total prices, the unit price will govern the evaluation).

____ 4. The Employment Information Form EEO-1 has been completed and submitted with the bid.

____ 5. The payment terms are net 45 days. Net terms for periods less than 45 days may result in bid rejection. (You may offer cash discounts for prompt payment).

____ 6. Any technical or descriptive literature, drawings or samples that are required have been included with the proposal.

____ 7. Any addenda to the Request For Proposal have been signed and included.

____ 8. The envelope has been addressed to: Gary Ritchey, Director of Purchasing
Connecticut State University
39 Woodland Street
Hartford CT 06105-2337

____ 9. The envelope has been clearly marked with the RFP number and opening date.

____ 10. If additional copies are required as part of your response, make sure the original is clearly marked.

____ 11. The proposal is mailed or hand-delivered in time to be received no later than the designated opening date and time. Late responses are **NOT** accepted under any circumstances. Faxed or e-mailed responses are not accepted. Please allow enough time if mailing your proposal.

Instructions to Bidders

1. Proposers or their representatives may be present at RFP openings.
2. The CSUS Finance Department reserves the right to amend and/or cancel the RFP invitation prior to the time and date of the opening.
3. The CSUS Finance Department reserves the right to correct any award erroneously made as a result of a clerical error on out part.

Contract Provisions

This contract is subject to the provisions of Executive Order No. Three of Governor Thomas J. Meskill promulgated June 16, 1971 and the provisions of Executive Order No. Seventeen of Governor Thomas J. Meskill promulgated February 15, 1973, as well as the provisions of Executive Order No. 16 of Governor John G. Rowland promulgated August 4, 1999.

All purchases will be in compliance with Public Act 89-227. Effective January 1, 1991 no product shall be shipped or packaged in POLYSTYRENE FOAM if such foam is manufactured using any "controlled substances", as defined under Annex A, Group 1 of the Montreal Protocol on Substances that deplete the Ozone Layer.

Non-Discrimination

4a-60. Nondiscrimination and affirmative action provisions in contracts of the state and political subdivisions other than municipalities.

(a) Every contract to which the state or any political subdivision of the state other than a municipality is a party shall contain the following provisions: (1) The contractor agrees and warrants that in the performance of the contract such contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status, national origin, ancestry, sex, mental retardation or physical disability, including, but not limited to, blindness, unless it is shown by such contractor that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United States or of the state of Connecticut. The contractor further agrees to take affirmative action to insure that applicants with job-related qualifications are employed and that employees are treated when employed without regard to their race, color, religious creed, age, marital status, national origin, ancestry, sex, mental retardation, or physical disability, including, but not limited to, blindness, unless it is shown by such contractor that such disability prevents performance of the work involved; (2) the contractor agrees, in all solicitations or advertisements for employees placed by or on behalf of the contractor, to state that it is an "affirmative action-equal opportunity employer" in accordance with regulations adopted by the commission; (3) the contractor agrees to provide each labor union or representative of workers with which such contractor has a collective bargaining agreement or other contract or understanding and each vendor with which such contractor has a contract or understanding, a notice to be provided by the commission advising the labor union or workers' representative of the contractor's commitments under this section, and to post copies of the notice in conspicuous places available to employees and applicants for employment; (4) the contractor agrees to comply with each provision of this section and sections 46a-68e and 46a-68f and with each regulation or relevant order issued by said commission pursuant to sections 46a-56, 46a-68e and 46a-68f; (5) the contractor agrees to provide the Commission on Human Rights and Opportunities with such information requested by the commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the contractor as relate to the provisions of this section and section 46a-56. If the contract is a public works contract, the contractor agrees and warrants that he will make good faith efforts to employ minority business enterprises as subcontractors and suppliers of materials on such public works project.

(b) For the purposes of this section, "minority business enterprise" means any small contractor or supplier of materials fifty-one per cent or more of the capital stock, if any, or assets of which is owned by a person or persons: (1) Who are active in the daily affairs of the enterprise, (2) who have the power to direct the management and policies of the enterprise and (3) who are members of a minority, as such term is defined in subsection (a) of section 32-9n; and "good faith" means that degree of diligence which a reasonable person would exercise in the performance of legal duties and obligations. "Good faith efforts" shall include, but not be limited to, those reasonable initial efforts necessary to comply with statutory or regulatory requirements and additional or substituted efforts when it is determined that such initial efforts will not be sufficient to comply with such requirements.

(c) Determination of the contractor's good faith efforts shall include but shall not be limited to the following factors: The contractor's employment and subcontracting policies, patterns and practices; affirmative advertising, recruitment and training; technical assistance activities and such other reasonable activities or efforts as the commission may prescribe that are designed to ensure the participation of minority business enterprises in public works projects.

(d) The contractor shall develop and maintain adequate documentation, in a manner prescribed by the commission, of its good faith efforts.

(e) The contractor shall include the provisions of subsection (a) of this section in every subcontract or purchase order entered into in order to fulfill any obligation of a contract with the state and such provisions shall be binding on a subcontractor, vendor or manufacturer unless exempted by regulations or orders of the commission. The contractor shall take such action with respect to any such subcontract or purchase order as the commission may direct as a means of enforcing such provisions including sanctions for noncompliance in accordance with section 46a-56; provided, if such contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the commission, the contractor may request the state of Connecticut to enter into any such litigation or negotiation prior thereto to protect the interests of the state and the state may so enter.

4a-60a. Contracts of the state and political subdivisions, other than municipalities, to contain provisions re nondiscrimination on the basis of sexual orientation.

(a) Every contract to which the state or any political subdivision of the state other than a municipality is a party shall contain the following provisions: (1) The contractor agrees and warrants that in the performance of the contract such contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of sexual orientation, in any manner prohibited by the laws of the United States or of the state of Connecticut, and that employees are treated when employed without regard to their sexual orientation; (2) the contractor agrees to provide each labor union or representative of workers with which such contractor has a collective bargaining agreement or other contract or understanding and each vendor with which such contractor has a contract or understanding, a notice to be provided by the Commission on Human Rights and Opportunities advising the labor union or workers' representative of the contractor's commitments under this section, and to post copies of the notice in conspicuous places available to employees and applicants for employment; (3) the contractor agrees to comply with each provision of this section and with each regulation or relevant order issued by said commission pursuant to section 46a-56; (4) the contractor agrees to provide the Commission on Human Rights and Opportunities with such information requested by the commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the contractor which relate to the provisions of this section and section 46a-56.

(b) The contractor shall include the provisions of subsection (a) of this section in every subcontract or purchase order entered into in order to fulfill any obligation of a contract with the state and such provisions shall be binding on a subcontractor, vendor or manufacturer unless exempted by regulations or orders of the commission. The contractor shall take such action with respect to any such subcontract or purchase order as the commission may direct as a means of enforcing such provisions including sanctions for noncompliance in accordance with section 46a-56; provided, if such contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the commission, the contractor may request the state of Connecticut to enter into any such litigation or negotiation prior thereto to protect the interests of the state and the state may so enter.

4. Proposers or their representatives may be present at RFP openings.
5. The CSU Finance Department reserves the right to amend and/or cancel the RFP invitation prior to the time and date of the opening.
6. The CSU Finance Department reserves the right to correct any award erroneously made as a result of a clerical error on out part.
4;. CSU will appreciate your assistance in making a careful study of the specifications and proposal for the purpose of offering suggestions as to contract period, quantities, purchasing terms, detailed specifications , trade customs, etc. which you believe to be in the best interest of CSU and the state. Suggestions or comments will be considered up to five (5) days prior to the date of opening indicated in the RFP invitation. In replying will you kindly refer to the RFP number. If no suggestions or comments are offered, the signing of the proposal shall indicate your approval of these forms in their present content.

Contract Provisions

This contract is subject to the provisions of Executive Order No. Three of Governor Thomas J. Meskill promulgated June 16, 1971 and the provisions of Executive Order No. Seventeen of Governor Thomas J. Meskill promulgated February 15, 1973, as well as the provisions of Executive Order No. 16 of Governor John G. Rowland promulgated August 4, 1999.

All purchases will be in compliance with Public Act 89-227. Effective January 1, 1991 no product shall be shipped or packaged in POLYSTYRENE FOAM if such foam is manufactured using any "controlled substances", as defined under Annex A, Group 1 of the Montreal Protocol on Substances that deplete the Ozone Layer.

Non-Discrimination

4a-60. Nondiscrimination and affirmative action provisions in contracts of the state and political subdivisions other than municipalities.

7. Every contract to which the state or any political subdivision of the state other than a municipality is a party shall contain the following provisions: (1) The contractor agrees and warrants that in the performance of the contract such contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status, national origin, ancestry, sex, mental retardation or physical disability, including, but not limited to, blindness, unless it is shown by such contractor that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United States or of the state of Connecticut. The contractor further agrees to take affirmative action to insure that applicants with job-related qualifications are employed and that employees are treated when employed without regard to their race, color, religious creed, age, marital status, national origin, ancestry, sex, mental retardation, or physical disability, including, but not limited to, blindness, unless it is shown by such contractor that such disability prevents performance of the work involved; (2) the contractor agrees, in all solicitations or advertisements for employees placed by or on behalf of the contractor, to state that it is an "affirmative action-equal opportunity employer" in accordance with regulations adopted by the commission; (3) the contractor agrees to provide each labor union or representative of workers with which such contractor has a collective bargaining agreement or other contract or understanding and each vendor with which such contractor has a contract or understanding, a notice to be provided by the commission advising the labor union or workers' representative of the contractor's commitments under this section, and to post copies of the notice in conspicuous places available to employees and applicants for employment; (4) the contractor agrees to comply with each provision of this section and sections 46a-68e and 46a-68f and with each regulation or relevant order issued by said commission pursuant to sections 46a-56, 46a-68e and 46a-68f; (5) the contractor agrees to provide the Commission on Human Rights and Opportunities with such information requested by the commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the contractor as relate to the provisions of this section and section 46a-56. If the contract is a public works contract, the contractor agrees and warrants that he will make good faith efforts to employ minority business enterprises as subcontractors and suppliers of materials on such public works project.

(b) For the purposes of this section, "minority business enterprise" means any small contractor or supplier of materials fifty-one per cent or more of the capital stock, if any, or assets of which is owned by a person or persons: (1) Who are active in the daily affairs of the enterprise, (2) who have the power to direct the management and policies of the enterprise and (3) who are members of a minority, as such term is defined in subsection (a) of section 32-9n; and "good faith" means that degree of diligence which a reasonable person would exercise in the performance of legal duties and obligations. "Good faith efforts" shall include, but not be limited to, those reasonable initial efforts necessary to comply with statutory or regulatory requirements and additional or substituted efforts when it is determined that such initial efforts will not be sufficient to comply with such requirements.

I Determination of the contractor's good faith efforts shall include but shall not be limited to the following factors: The contractor's employment and subcontracting policies, patterns and practices; affirmative advertising, recruitment and training; technical assistance activities and such other reasonable activities or efforts as the commission may prescribe that are designed to ensure the participation of minority business enterprises in public works projects.

(d) The contractor shall develop and maintain adequate documentation, in a manner prescribed by the commission, of its good faith efforts.

(e) The contractor shall include the provisions of subsection (a) of this section in every subcontract or purchase order entered into in order to fulfill any obligation of a contract with the state and such provisions shall be binding on a subcontractor, vendor or manufacturer unless exempted by regulations or orders of the commission. The contractor shall take such action with respect to any such subcontract or purchase order as the commission may direct as a means of enforcing such provisions including sanctions for noncompliance in accordance with section 46a-56; provided, if such contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the commission, the contractor may request the state of Connecticut to enter into any such litigation or negotiation prior thereto to protect the interests of the state and the state may so enter.

4a-60a. Contracts of the state and political subdivisions, other than municipalities, to contain provisions re nondiscrimination on the basis of sexual orientation.

8. Every contract to which the state or any political subdivision of the state other than a municipality is a party shall contain the following provisions: (1) The contractor agrees and warrants that in the performance of the contract such contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of sexual orientation, in any manner prohibited by the laws of the United States or of the state of Connecticut, and that employees are treated when employed without regard to their sexual orientation; (2) the contractor agrees to provide each labor union or representative of workers with which such contractor has a collective bargaining agreement or other contract or understanding and each vendor with which such contractor has a contract or understanding, a notice to be provided by the Commission on Human Rights and Opportunities advising the labor union or workers' representative of the contractor's commitments under this section, and to post copies of the notice in conspicuous places available to employees and applicants for employment; (3) the contractor agrees to comply with each provision of this section and with each regulation or relevant order issued by said commission pursuant to section 46a-56; (4) the contractor agrees to provide the Commission on Human Rights and Opportunities with such information requested by the commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the contractor which relate to the provisions of this section and section 46a-56.

(b) The contractor shall include the provisions of subsection (a) of this section in every subcontract or purchase order entered into in order to fulfill any obligation of a contract with the state and such provisions shall be binding on a subcontractor, vendor or manufacturer unless exempted by regulations or orders of the commission. The contractor shall take such action with respect to any such subcontract or purchase order as the commission may direct as a means of enforcing such provisions including sanctions for noncompliance in accordance with section 46a-56; provided, if such contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the commission, the contractor may request the state of Connecticut to enter into any such litigation or negotiation prior thereto to protect the interests of the state and the state may so enter.

COMMISSION ON HUMAN RIGHTS AND OPPORTUNITIES
CONTRACT COMPLIANCE REGULATIONS

NOTIFICATION TO BIDDERS

The contract to be awarded is subject to contract compliance requirements mandated by Sections 4a-60 and 4a-60a of the Connecticut General Statutes; and, when the awarding agency is the State, Sections 46a-71(d) and 46a-81i(d) of the Connecticut General Statutes. There are Contract Compliance Regulations codified at Section 46a-68j-21 through 43 of the Regulations of Connecticut State Agencies, which establish a procedure for awarding all contracts covered by Sections 4a-60 and 46a-71(d) of the Connecticut General Statutes.

According to Section 46a-68j-30(9) of the Contract Compliance Regulations, every agency awarding a contract subject to the contract compliance requirements has an obligation to "aggressively solicit the participation of legitimate minority business enterprises as bidders, contractors, subcontractors and suppliers of materials." "Minority business enterprise" is defined in Section 4a-60 of the Connecticut General Statutes as a business wherein fifty-one percent or more of the capital stock, or assets belong to a person or persons: "(1) Who are active in daily affairs of the enterprise; (2) who have the power to direct the management and policies of the enterprise; and (3) who are members of a minority, as such term is defined in subsection (a) of Section 32-9n." "Minority" groups are defined in Section 32-9n of the Connecticut General Statutes as "(1) Black Americans . . . (2) Hispanic Americans . . . (3) persons who have origins in the Iberian Peninsula . . . (4)Women . . . (5) Asian Pacific Americans and Pacific Islanders; (6) American Indians . . ." An individual with a disability is also a minority business enterprise as provided by Section 4a-60g of the Connecticut General Statutes. The above definitions apply to the contract compliance requirements by virtue of Section 46a-68j-21(11) of the Contract Compliance Regulations.

The awarding agency will consider the following factors when reviewing the bidder's qualifications under the contract compliance requirements:

(a) the bidder's success in implementing an affirmative action plan;
(b) the bidder's success in developing an apprenticeship program complying with Sections 46a-68-1 to 46a-68-17 of the Administrative Regulations of Connecticut State Agencies, inclusive;
(c) the bidder's promise to develop and implement a successful affirmative action plan;
(d) the bidder's submission of employment statistics contained in the "Employment Information Form", indicating that the composition of its workforce is at or near parity when compared to the racial and sexual composition of the workforce in the relevant labor market area; and
(e) the bidder's promise to set aside a portion of the contract for legitimate minority business enterprises. See Section 46a-68j-30(10)(E) of the Contract Compliance Regulations.

INSTRUCTIONS AND OTHER INFORMATION

The following BIDDER CONTRACT COMPLIANCE MONITORING REPORT must be completed in full, signed, and submitted with the bid for this contract. The contract awarding agency and the Commission on Human Rights and Opportunities will use the information contained thereon to determine the bidders compliance to Sections 4a-60 and 4a-60a CONN. GEN. STAT., and Sections 46a-68j-23 of the Regulations of Connecticut State Agencies regarding equal employment opportunity, and the bidders A good faith efforts to include minority business enterprises as subcontractors and suppliers for the work of the contract.

9. Definition of Small Contractor

Section 4a-60g CONN. GEN. STAT. Defines a small contractor as a company that has been doing business under the same management and control and has maintained its principal place of business in Connecticut for a one year period immediately prior to its application for certification under this section, had gross revenues not exceeding ten million dollars in the most recently completed fiscal year, and at least fifty-one percent of the ownership of which is held by a person or persons who are active in the daily affairs of the company, and have the power to direct the management and policies of the company, except that a nonprofit corporation shall be construed to be a small contractor if such nonprofit corporation meets the requirements of subparagraphs (A) and (B) of subdivision 4a-60g CONN. GEN. STAT.

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2) Description of Job Categories (as used in Part IV Bidder Employment Information) (Page 2)

MANAGEMENT: Managers plan, organize, direct, and control the major functions of an organization through subordinates who are at the managerial or supervisory level. They make policy decisions and set objectives for the company or departments. They are not usually directly involved in production or providing services. Examples include top executives, public relations managers, managers of operations specialties (such as financial, human resources, or purchasing managers), and construction and engineering managers.

BUSINESS AND FINANCIAL OPERATIONS: These occupations include managers and professionals who work with the financial aspects of the business. These occupations include accountants and auditors, purchasing agents, management analysts, labor relations specialists, and budget, credit, and financial analysts.

COMPUTER SPECIALISTS: Professionals responsible for the computer operations within a company are grouped in this category. Examples of job titles in this category include computer programmers, software engineers, database administrators, computer scientists, systems analysts, and computer support specialists

ARCHITECTURE AND ENGINEERING: Occupations related to architecture, surveying, engineering, and drafting are included in this category. Some of the job titles in this category include electrical and electronic engineers, surveyors, architects, drafters, mechanical engineers, materials engineers, mapping technicians, and civil engineers.

OFFICE AND ADMINISTRATIVE SUPPORT: All clerical-type work is included in this category. These jobs involve the preparing, transcribing, and preserving of written communications and records; collecting accounts; gathering and distributing information; operating office machines and electronic data processing equipment; and distributing mail. Job titles listed in this category include telephone operators, payroll clerks, bill and account collectors, customer service representatives, files clerks, dispatchers, shipping clerks, secretaries and administrative assistants, computer operators, mail clerks, and stock clerks.

BUILDING AND GROUNDS CLEANING AND MAINTENANCE: This category includes occupations involving landscaping, housekeeping, and janitorial services. Job titles found in this category include supervisors of landscaping or housekeeping, janitors, maids, grounds maintenance workers, and pest control workers.

CONSTRUCTION AND EXTRACTION: This category includes construction trades and related occupations. Job titles found in this category include boilermakers, masons (all types), carpenters, construction laborers, electricians, plumbers (and related trades), roofers, sheet metal workers, elevator installers, hazardous materials removal workers, paperhangers, and painters. Paving, surfacing, and tamping equipment operators; drywall and ceiling tile installers; and carpet, floor and tile installers and finishers are also included in this category. First line supervisors, foremen, and helpers in these trades are also grouped in this category..

INSTALLATION, MAINTENANCE AND REPAIR: Occupations involving the installation, maintenance, and repair of equipment are included in this group. Examples of job titles found here are heating, ac, and refrigeration mechanics and installers; telecommunication line installers and repairers; heavy vehicle and mobile equipment service technicians and mechanics; small engine mechanics; security and fire alarm systems installers; electric/electronic repair, industrial, utility and transportation equipment; millwrights; riggers; and manufactured building and mobile home installers. First line supervisors, foremen, and helpers for these jobs are also included in the category.

MATERIAL MOVING WORKERS: The job titles included in this group are Crane and tower operators; dredge, excavating, and lading machine operators; hoist and winch operators; industrial truck and tractor operators; cleaners of vehicles and equipment; laborers and freight, stock, and material movers, hand; machine feeders and offbearers; packers and packagers, hand; pumping station operators; refuse and recyclable material collectors; and miscellaneous material moving workers.

10. Definition of Racial and Ethnic Terms (as used in Part IV Bidder Employment Information)

White (not of Hispanic Origin)- All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black(not of Hispanic Origin)- All persons having origins in any of the Black racial groups of Africa.

Hispanic- All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Asian or Pacific Islander- All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes China, India, Japan, Korea, the Philippine Islands, and Samoa.

American Indian or Alaskan Native- All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

BIDDER CONTRACT COMPLIANCE MONITORING REPORT

PART I – Bidder Information

Company Name Street Address City & State Chief Executive	Bidder Federal Employer Identification Number_____ Or Social Security Number_____
Major Business Activity (brief description)	Bidder Identification (response optional/definitions on page 1) -Bidder is a small contractor. Yes__ No__ -Bidder is a minority business enterprise Yes__ No__ (If yes, check ownership category) Black___ Hispanic___ Asian American___ American Indian/Alaskan Native___ Iberian Peninsula___ Individual(s) with a Physical Disability___ Female___
Bidder Parent Company (If any)	- Bidder is certified as above by State of CT Yes__ No__
Other Locations in Ct. (If any)	- DAS Certification Number _____

PART II – Bidder Nondiscrimination Policies and Procedures

1. Does your company have a written Affirmative Action/Equal Employment Opportunity statement posted on company bulletin boards? Yes__ No__	7. Do all of your company contracts and purchase orders contain non-discrimination statements as required by Sections 4a-60 & 4a-60a Conn. Gen. Stat.? Yes__ No__
2. Does your company have the state-mandated sexual harassment prevention in the workplace policy posted on company bulletin boards? Yes__ No__	11. Do you, upon request, provide reasonable accommodation to employees, or applicants for employment, who have physical or mental disability? Yes__ No__
3. Do you notify all recruitment sources in writing of your company's Affirmative Action/Equal Employment Opportunity employment policy? Yes__ No__	9. Does your company have a mandatory retirement age for all employees? Yes__ No__
4. Do your company advertisements contain a written statement that you are an Affirmative Action/Equal Opportunity Employer? Yes__ No__	10. If your company has 50 or more employees, have you provided at least two (2) hours of sexual harassment training to all of your supervisors? Yes__ No__ NA__
5. Do you notify the Ct. State Employment Service of all employment openings with your company? Yes__ No__	11. If your company has apprenticeship programs, do they meet the Affirmative Action/Equal Employment Opportunity requirements of the apprenticeship standards of the Ct. Dept. of Labor? Yes__ No__ NA__
12. Does your company have a collective bargaining agreement with workers? Yes__ No__ 6a. If yes, do the collective bargaining agreements contain non-discrimination clauses covering all workers? Yes__ No__	12. Does your company have a written affirmative action Plan? Yes__ No__ If no, please explain.

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6b. Have you notified each union in writing of your commitments under the nondiscrimination requirements of contracts with the state of Ct?
Yes__ No__

13. Is there a person in your company who is responsible for equal employment opportunity? Yes__ No__
If yes, give name and phone number.
_____

Part III – Bidder Subcontracting Practices

1. Will the work of this contract include subcontractors or suppliers? Yes__ No__

1a. If yes, please list all subcontractors and suppliers and report if they are a small contractor and/or a minority business enterprise. (defined on page 1 / use additional sheet if necessary)

1b. Will the work of this contract require additional subcontractors or suppliers other than those identified in 1a. above? Yes__ No__

PLEASE COMPLETE REVERSE SIDE

PART IV – Bidder Employment Information Date: (Page 4)

JOB CATEGORY	OVERALL TOTALS	WHITE (not of Hispanic origin)		BLACK (not of Hispanic origin)		HISPANIC		ASIAN or PACIFIC ISLANDER		AMERICAN INDIAN or ALASKAN NATIVE	
		Male	Female	Male	Female	Male	Female	Male	Female	male	female
Management											
Business & Financial Ops											
Computer Specialists											
Architecture/Engineering											
Office & Admin Support											
Bldg/ Grounds Cleaning/Maintenance											
Construction & Extraction											
Installation , Maintenance & Repair											
Material Moving Workers											
TOTALS ABOVE											

Total One Year Ago											
FORMAL ON THE JOB TRAINEES (ENTER FIGURES FOR THE SAME CATEGORIES AS ARE SHOWN ABOVE)											
Apprentices											
Trainees											

PART V – Bidder Hiring and Recruitment Practices

13. Which of the following recruitment sources are used by you?
(Check yes or no, and report percent used)

SOURCE	YES	NO	% of applicants provided by source
State Employment Service			
Private Employment Agencies			
Schools and Colleges			
Newspaper Advertisement			
Walk Ins			
Present Employees			
Labor Organizations			
Minority/Community Organizations			
Others (please identify)			

14. Check (X) any of the below listed requirements that you use as a hiring qualification

(X)	
	Work Experience
	Ability to Speak or Write English
	Written Tests
	High School Diploma
	College Degree
	Union Membership
	Personal Recommendation
	Height or Weight
	Car Ownership
	Arrest Record
	Wage Garnishments

3. Describe below any other practices or actions that you take which show that you hire, train, and promote employees without discrimination

Certification (Read this form and check your statements on it CAREFULLY before signing). I certify that the statements made by me on this BIDDER CONTRACT COMPLIANCE MONITORING REPORT are complete and true to the best of my knowledge and belief, and are made in good faith. I understand that if I knowingly make any misstatements of facts, I am subject to be declared in non-compliance with Section 4a-60, 4a-60a, and related sections of the CONN. GEN. STAT.

(Signature)	(Title)	(Date Signed)	(Telephone)

Connecticut State University System

Central Connecticut State University
Eastern Connecticut State University
Southern Connecticut State University
Western Connecticut State University
System Office

STANDARD TERMS AND CONDITIONS

I. DEFINITIONS

The following words, when used herein, shall have the following meanings:

1. "Contract" shall mean any agreement negotiated by and between CSU and the contractor selected by CSUS as the result of a request for proposal, request for quotation, or request for bid, including, but not limited to, a personal service agreement or purchase order.
2. "CSU" shall refer to the Connecticut State University System, which is comprised of Central Connecticut State University, Eastern Connecticut State University, Southern Connecticut State University, Western Connecticut State University and the System Office, collectively and individually, as the context requires.
3. "Person" shall mean an individual, partnership, corporation or other business entity, as the context requires.
4. "Proposal" shall mean a response to a request for proposal, request for bid, or request for quotation.
5. "Proposer" shall mean a contractor that submits a response to a request for proposal, request for bid, or request for quotation.
6. "RFP" shall mean a request or invitation for proposal, bid, or quotation, as applicable.

II. TERMS AND CONDITIONS RELATED TO REQUESTS FOR PROPOSALS

A. General Conditions

1. CSUS reserves the right to amend or cancel an RFP prior to the date and time for the opening of proposals. CSUS, in its sole discretion, reserves the right to accept or reject any and all proposals, in whole or in part, and to waive any technicality in any proposal submitted, and to accept any part of a proposal deemed to be in the best interest of CSUS.
2. Proposals received from proposers debarred by the State of Connecticut will not be considered for award.
3. CSUS does not commit to specific volumes of activity, nor does it guarantee the accuracy of statistical information provided in the RFP. Such information is supplied to proposers for reference only.
4. All responses to the RFP shall be and remain the sole property of CSUS.
5. Each proposer shall bear all costs associated with proposer's response to an RFP, including, but not limited to, the costs of any presentation and/or demonstration required by CSUS. In addition, answers or clarifications sought by CSUS arising out of or in connection with the proposal shall be furnished by the proposer at the proposer's expense.
6. CSUS reserves the right to negotiate, as it may deem necessary, with any or all of the proposers that submit proposals.
7. Any alleged oral agreement or arrangement made by any proposer with CSUS or any employee thereof shall not be binding.

B. Submission of Proposals

1. Proposals must be submitted on forms supplied by CSUS. Telephone, facsimile, or email proposals will not be accepted in response to an RFP.
2. The time and date proposals are to be received and opened are stated in each RFP issued by CSUS. Proposals received in the applicable CSUS purchasing department after the date and time specified in the RFP will be returned to the proposer unopened. Proposal amendments received by CSUS after the time specified for opening of proposals shall not be considered.
3. All proposals must be addressed to the location designated in the RFP. Proposal envelopes must clearly state the proposal number as well as the date and time of the opening of the proposals, as stated in the RFP. The name and address of the proposer must appear in the upper left hand corner of the envelope.
4. Proposals must be computer prepared, typewritten or handwritten in ink. Proposals submitted in pencil will be rejected.
5. Proposers must answer all the questions set forth in the RFP using the outline and numbering scheme set forth therein. Proposers must furnish all information requested in the RFP and supply all materials required for consideration. Failure of the proposer to answer all questions and supply all information and materials requested may be grounds for rejection of the proposal.
6. All proposals must be signed by a person duly authorized to sign proposals on behalf of the proposer. All signatures on the proposal must be original. Proposals bearing stamp signatures will be rejected. Unsigned proposals will be rejected.
7. Alterations or corrections to the proposal must be initialed by the person signing the proposal or his or her authorized designee. All initials on alterations or corrections to the proposal must be original. In the event that an authorized designee initials an alteration or correction, the proposer must submit a written authorization from the proposal's signatory to the authorized designee, authorizing the designee to make the alteration or correction. Failure to submit such an authorization shall result in rejection of proposal as to those items altered or corrected and not initialed.
8. Conditional proposals are subject to rejection in whole or in part, in the sole discretion of CSUS. A conditional proposal is defined as one that limits, modifies, expands or supplements any of the terms and conditions and/or specifications of the RFP.
9. Alternate proposals will not be considered by CSUS, unless otherwise noted on the RFP or on the proposal form. An alternate proposal is defined as one that is submitted in addition to the proposer's primary response to the RFP.
10. CSUS does not sponsor any one manufacturer's products, but lists equipment by name and model number to designate the quality and performance level desired. Proposers may propose substitutes similar in nature to the equipment specified. The substitute must, in the sole determination of CSUS, be equal in quality, durability, appearance, strength and design to the equipment or product specified in the RFP, or offer a clear advantage to CSUS because of improved or superior performance. All proposals including equipment or product substitutes must be accompanied with current descriptive literature on, and data

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substantiating, the equal or superior nature of the substitute. All final decisions concerning substitutes will be made by CSUS prior to any award. The word substitute shall not be construed to permit substantial departure from the detailed requirements of the specifications.

11. Each proposer's prices must be firm for a period up to 120 days from date of the opening of proposals. Prices must be extended in decimal, not fraction, must be net, and must include transportation and delivery charges, fully prepaid by the contractor, to the destination specified in the proposal, and subject only to cash discount.
12. Pursuant to Section 12-412 of the Connecticut General Statutes, the State of Connecticut is exempt from the payment of excise, transportation and sales taxes imposed by the Federal Government and/or the State. Accordingly, such taxes must not be included in proposal prices.
13. If there is a discrepancy between a unit price and an extended price, the unit price will govern.
14. By submitting a proposal, the proposer asserts that the offer and information contained therein is in all respects fair and without collusion or fraud and was not made in connection with any competing proposer's submission of a separate response to the RFP. By submitting a proposal, the proposer further asserts that it neither participated in the formation of CSUS's solicitation development process nor had any knowledge of the specific contents of the RFP prior to its issuance, and that no employee of CSUS participated directly or indirectly in the preparation of the proposer's proposal.
15. It is the proposer's responsibility to check the website of the State of Connecticut Department of Administrative Services (www.das.state.ct.us/Purchase/Portal/Portal_Home.asp) for changes prior to the proposal opening. It is the responsibility of the proposer to obtain all information related to proposal submission including, without limitation, any and all addenda or supplements required.
16. Any person contemplating submitting a proposal who is in doubt as to the true meaning of, or is in need of clarification of, any part of the RFP or the specifications set forth therein, must submit a written request for clarification to CSUS. The proposer may rely only upon a response to a request for clarification set forth in writing by CSUS.
17. Proposals for the provision of services must include the cost of obtaining all permits, licenses, and notices required by the city or town in which the services is to be provided, and the State and Federal governments..
18. Each proposer must complete and submit with its proposal the following non-discrimination and affirmative action forms: the Notification to Proposers, Contract Compliance, and EEO-1. It shall not be sufficient to declare or state that such forms are on file with the State of Connecticut. Failure to include the required forms shall result in rejection of the proposal.

C. Samples

1. Samples, when required by the RFP, must be submitted strictly in accordance with the requirements of the RFP.
2. Any and all required samples shall be furnished by the proposer at no cost to CSUS. All samples, unless otherwise indicated, will become the property of CSUS and will not be returned to the proposer unless the proposer states in the proposal that the sample's return is requested. A sample will be returned on the request of the proposer if the sample has not been rendered useless or beyond its useful life. The proposer must pay the costs associated with the return of any sample. Samples may be held by CSUS for comparison with actual product deliveries.
3. The making of chemical and physical tests of samples submitted with proposals shall be made in the manner prescribed by CSUS.

D. Bonding Requirements / Guaranty or Surety/ Insurance Requirements: As per requirements in this RFP.

III. CONTRACT AWARD

1. All proposals properly submitted will be opened and read publicly. Upon award, the proposals are subject to public inspection. CSUS will not prepare abstracts of proposals received for distribution, nor will information concerning the proposals received be conveyed by telephone.
2. Award will be made to the lowest responsible qualified proposer who complies with the proposal requirements. Price alone need not be the sole determining factor for an award. Other criteria, listed in the RFP, may be considered by CSUS in the award determination.
3. CSUS reserves the right to grant an award and/or awards by item, or part thereof, groups of items, or all items of the proposal and to waive minor irregularities and omissions if, in CSUS's judgment, the best interests of CSUS or the State of Connecticut will be served.
4. CSUS reserves the right to correct inaccurate awards resulting from its administrative errors.
5. The Award Notice and Offer (to enter into a formal contract) shall be sent to the awarded proposer by first class certified mail, return receipt requested, to the address provided in the awarded proposal, or by overnight courier. The Notice and Offer shall constitute an offer by CSUS to enter into negotiations to come to a formal contract agreement. If the proposer, within ten (10) business days of receipt of said Notice and Offer, declines to begin contract negotiations, then the offer to negotiate a contract may be withdrawn and an offer to negotiate a contract extended to the next lowest responsible qualified proposer, and so on until a contract is negotiated and executed.
6. Each proposal submitted shall constitute an offer by the proposer to furnish any or all of the commodities or services described therein at the prices given and in accordance with conditions set forth in the proposal, the RFP, and these "Standard Terms and Conditions." Acceptance and resulting contract formation shall be in a formal written document authorized by CSUS's Purchasing Department and where applicable, approved by the Attorney General, and shall comprise the entire agreement between the proposer and CSUS.

IV. TERMS AND CONDITIONS RELATED TO CONTRACT WITH SUCCESSFUL PROPOSER

By submitting a response to the RFP, the proposer agrees that any contract negotiated between it (if the successful proposer), as contractor, and CSUS may contain the following provisions, as deemed applicable by CSUS:

A. General Conditions

1. Any product developed and accepted by CSUS under a contract awarded as a result of an RFP shall be sole property of CSUS, unless stated otherwise in the contract.
2. Data collected or obtained by the contractor in connection with the performance of the contract shall not be shared with any third party without the express written approval of CSUS.
3. The contractor shall defend, indemnify and hold harmless CSUS, its officers and employees, against any and all suits, actions, legal or administrative proceedings, claims, demands, damages, liabilities, monetary loss, interest, attorney's fees, costs and expenses of whatsoever kind or nature arising out of the performance of the agreement, including those arising out of injury to or death of contractor's employees or subcontractors, whether arising before, during or after completion of the services thereunder and in any manner directly or indirectly caused, occasioned or contributed to in whole or in part, by reason of any act, omission, fault or negligence of contractor or its employees, agents or subcontractors. Without limiting the foregoing, the contractor shall defend, indemnify and hold CSUS and the State of Connecticut harmless from liability of any kind for the use of any copyright or un-copyrighted composition, secret process, patented or unpatented invention furnished or used in the performance of the contract. This indemnification shall be in addition to the warranty obligations of the contractor and shall survive the termination or cancellation of the contract or any part thereof.
4. The contactor shall: (i) guarantee its products against defective materials and workmanship; (ii) repair damage of any kind, for which it is responsible, to CSUS's premises or equipment, to its own work or to the work of other contractors; (iii) obtain and pay for all applicable licenses, permits, and notices; (iv) give all notices and comply with all requirements of the municipality in which the service is to be provided and of the State and federal governments; and (v) carry proper and sufficient insurance to protect the State from loss.

5. The contract shall be interpreted and governed by the laws of the State of Connecticut, without regard to its principles of conflicts of laws.
6. The contractor agrees that it shall be subject to and abide by all applicable federal and state laws and regulations.
7. The contractor agrees that it shall comply with Section 4a-60 of the Connecticut General Statutes and with Executive Orders Nos. 3, 16, 17 and 7C.
8. The contractor agrees that the sole and exclusive means for the presentation of any claim against the State of Connecticut, the Connecticut State University or the Board Of Trustees arising from a contract with CSUS, shall be in accordance with the provisions of Chapter 53 of the Connecticut General Statutes (Claims Against the State) and that no additional legal proceedings will be initiated in any state or federal court in addition to, or in lieu of, said Chapter 53 proceedings.
9. The contractor agrees that CSUS shall have and retain sole and exclusive right and title in and to the forms, maps, and/or materials produced for CSUS pursuant to the contract, including all rights to use, distribute, sell, reprint, or otherwise dispose of same. The contractor further agrees that it shall not copyright, register, distribute, or claim any rights in or to said maps and/or materials or the work produced under the contract.
10. The contractor or subcontractor, as applicable, shall offer and agree to assign to CSUS all rights, title and interest in and to all causes of action it may have under Section 4 of the Clayton Act, 15 U.S.C. 15, or under Chapter 624 of the general statutes, arising from the purchase of services, property or intangibles of any kind pursuant to a public purchase contract or subcontract; such assignment shall be made and become effective at the time the contract is executed by the parties, without further acknowledgment by them.
11. The contractor shall not assign or otherwise dispose of the contract or its right, title or interest therein, or its power to execute such contract, to any other person without the prior written consent of CSUS.
12. CSUS reserves the right to inspect commodities for conformance with proposal specifications. When commodities are rejected by CSUS, said commodities shall be removed by the contractor, at the contractor's expense, from the CSUS premises within forty-eight (48) hours after notification of such rejection, unless public health and safety require immediate destruction or other disposal of such rejected delivery. Rejected items left longer than forty-eight (48) hours shall be considered abandoned by the contractor and CSUS shall have the right to dispose of them as its own property.
13. If any provision, term or condition of the contract is prohibited, invalid, or unenforceable then that provision, term or condition shall be ineffective to the extent of the prohibition, invalidity, or prohibition without invalidating the remaining provisions, terms and conditions unless it materially alters the nature or intent thereof.
14. Should the terms of any purchase order or invoice issued in connection with the contract conflict with the terms of the contract, the terms of the contract shall prevail.
15. Failure of the contractor to deliver commodities or perform services as specified in the contract will constitute authority for CSUS to purchase these commodities or services on the open market. The contractor shall promptly reimburse CSUS for excess costs incurred by CSUS due to these purchases, and these purchases shall be deducted by CSUS from the quantities contracted for.
16. No right or duty, in whole or in part, of the contractor under the contract may be assigned or delegated without the prior written consent of CSUS. The subcontracting or assignment of any of contractor's obligations under the contract to a subcontractor shall require the prior written approval of CSUS.
17. Upon termination of the contract by CSUS, the contractor shall both immediately discontinue all services (unless the notice directs otherwise) and deliver to CSUS all data, drawings, specifications, reports, estimates, summaries, and such other information and materials as may have been accumulated by the contractor in performing its duties under the contract, whether completed or in progress. All such documents, information, and materials shall become the property of CSUS.
18. The State of Connecticut shall assume no liability for payment for services under the terms of the contract until the contractor is notified that the contract has been accepted by CSUS and, if applicable, approved by the Office of Policy and Management ("OPM") or the Department of Administrative Services ("DAS") and by the Attorney General of the State of Connecticut.

B. Insurance: As per the requirements within this RFP.

C. Bonds: As per the requirements within this RFP.

D. Delivery

1. Unless otherwise specified in the proposal, all products and equipment delivered pursuant to the contract shall be new and shall include any and all manufacturer's warranties.
2. Delivery shall be to the point specified in the contract.
3. All deliveries shall display, in plain sight, any related Purchase Order or Reference/Delivery Number. Failure to display said number may cause the shipment to be rejected and returned at the contractor's expense.
4. All deliveries shall be in compliance with Sections 22a-194 to 22a-194g of the Connecticut General Statutes related to product packaging.
5. Deliveries shall be subject to reweighing on official sealed scales designated by the State and payment shall be made on the basis of net weight of materials received.
6. Payment terms are net forty-five (45) days after receipt of goods or invoice, whichever is later. State of Connecticut certified small or minority contractors are payable under terms net thirty (30) days.
7. Monies owed to CSUS or the Department of Revenue Services (DRS) by the contractor shall be deducted from current obligations.

E. Inspection and Tests

1. The inspection of all commodities and the making of chemical and physical tests of samples of deliveries to determine whether or not the contract specifications are being complied with shall be made in the manner prescribed by CSUS.
2. Any item that fails in any way to meet the terms or specifications set forth in the contract is subject to be paid for at an adjusted price or rejected, in the discretion of CSUS.
3. After delivery and installation of any equipment provided pursuant to the contract, the contractor shall certify to CSUS that the equipment has been properly installed and is ready for use. Thereafter, for a test period of sixty (60) days, CSUS shall operate the system in accordance with its normal operating practices. The acceptance test shall determine if the equipment's operating characteristics meet the performance standards set forth in the contract.

F. Advertising

Reference by the contractor to sales to CSUS for advertising and promotional purposes without the prior approval of CSUS shall be expressly prohibited.